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VOLUME II.

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Original Articles.

PUERPERAL FEVER.

BY EGBERT GUERNSEY, M. D.

The occasional appearance of this disease as an epidemic, its wide-spread and far-reaching influence, the fatality which not infrequently accompanies its march, and the terror which it exerts in the minds of those about to become mothers, and their friends, invest it in the mind of the physician with a peculiar interest. He is the pilot to guide her through those perils to which every woman looks, not only with a feeling of anxiety, but of dread, which she cannot always master. As she sails out upon that sea, beneath whose dark waves so many a fair bark has gone down with its rich freight of hope and life, it is to the knowledge and skill of the physician of her choice that she looks to guide her through those perils, of which none know the number and danger so well as himself; and though oftentimes no human foresight can guard against the attack, and no human skill can stay its progress, still there is comfort in the thought, as we look upon the form after the last struggle is over, the last breath drawn, that we have done all that the honest, intelligent and faithful physician could do to avert the catastrophe.

But little advance has been made within the last ten years in our investigation as to the nature and cause of this disease. We know that there is blood-poisoning, so fearful, so all prevailing, that vital forces often sink almost without a struggle for life, as the deadly poison sweeps on through the circulation. We know that the disease sometimes exists in the sporadic form, produced by local causes alone, without any apparent atmospheric disturbances, which usually prevail in epidemics. The overwrought nervous system, the terrible shock, the agony of a protracted labor, and the consequent exhaustion of the vital forces, pave the way for the formation and introduction of that poison which may destroy life; no labor takes place without some avenue being left, either in a slight abrasion or over the surface from which the placenta has been detached, through which the poison can enter the system. The womb, which has exerted its utmost strength to expel the fœtus, now lies exhausted after its struggle, and the nervous system, weak from its protracted labor, is no longer able to impart to it its life-giving strength. The poison therefore readily enters the system, the sentinel having fallen exhausted at his post of duty; or even when the labor has been comparatively light, mental causes—a nervous shock, or those hundred influences which sometimes act so powerfully on the delicate nervous organization—may be sufficient to kindle a flame which will require all the art of the physician and the reactive power of nature to extinguish.

But these sporadic cases are comparatively few and far between, and more amenable to treatment. It is the epidemic form with which we have most to do, and which most strikes terror to the heart. There is no field in the whole domain of medicine so worthy of careful investigation, and which could be followed by such rich practical results to science and humanity, as that of the cause of epidemics.

Diseases break out suddenly without any apparent cause, and assume the form of epidemics, spreading with fearful rapidity from street to street, from town to town, striking down their victims in the dwellings of the poor and the rich, in the close and confined rooms of the dark and noisome alley, and in the elegant mansions along the broad thoroughfares, and away among the breezy hills. The angel of death seems to be riding on the viewless air, unseen and unheralded, no one knowing when and where the blow will fall. What influences are at work to bring about these results? Why is it that in certain conditions of the atmosphere we have epidemics of various characters and severity—at one time assuming the form of diphtheria, at another of erysipelas, and at another, perhaps, of puerperal fever? Influences, which thus far we have failed to detect with all the resources of science, predisposes the system to the attack of various maladies. We know that at certain times there is a sudden appearance of erysipelas, and the surgeon hesitates to perform the slightest operation for fear that.

however simple, it may be followed by an erysipelatous inflammation, which may end in death. Even the simple vaccination at these times is often followed by an inflammation which speedily destroys life.

When we have decided the question, "What are the peculiar epidemic causes of diphtheria, which plants in the living organism those germs of disease which poison the blood?" we may also answer the question, "What is puerperal fever, and what its specific poison?"

Most of the English, German and French physicians believe it to be a kind of septicæmia—the result of an absorption of pus, which undergoes, after it has been taken into the circulation, a peculiar degeneration or decomposition. That there is at times septic poisoning is undoubtedly true. But is this always the case, and does this poison really and truly give rise to all the phenomena of puerperal fever? May there not be a peculiar condition of the system—a special poison which always belongs to this disease—which produces its general phenomena, even that of the formation of the septic poison?

Puerperal fever is not always attended by lesions in the womb or the peritoneal cavity; neither is inflammation of the womb or peritonitis always accompanied by puerperal fever, but may exist entirely independent of it. In some epidemics the lesions are in one part of the body, and in others in another part. In the epidemic of 1862, in Bellevue Hospital, it was noticed that the lesions were entirely in the thorax, not a particle of trouble being found in the generative organs or the peritoneal cavity. In some cases there is no pain on pressure over the region of the womb; but the brain, the heart, or the lungs may be fearfully involved; while in other cases, and perhaps more frequently, the poison of the disease seems to spend its force in the vicinity of the womb. In all its varieties and forms, however, whatever organ it attacks, we recognize the peculiar characteristics of the disease, and know that we have to deal with puerperal fever. Virchow believes that the lesions are found principally in the plugging up of the veins of the uterus with little thrombi, and that as these degenerate and become purulent, the lining membrane of the veins become inflamed, pus is carried into the circulation, and the constitutional disturbances produced. This may be the case in some epidemics; but in others, as I have stated, there is an entire absence of lesions about the womb or the peritoneum. Some of the worst cases I have ever seen have been where the patients seemed to have been struck down by some subtle poison, paralyzing vitality; where there was no tympanitis, no indication of trouble about the womb or peritoneum, killing the patient before there was time for serious lesions from the due course of inflammation.

That in its epidemic form the disease is highly contagious seems to me does not admit of a doubt. It is not infrequently carried from patient to patient by the attending physician, who himself becomes, instead of a minister of life, a messenger of death, carrying in his touch and about his person, the poison germs which may so soon turn the house of joy into one of mourning. It has been noticed in great epidemics that sometimes the lying-in wards of hospitals have to be closed to the admission of patients, and that in private practice, the majority of victims are in the practice of a few physicians. I believe in this city, in the last epidemic, the majority of deaths occurred in the practice of a few of the leading physicians. I do not believe the poison of puerperal fever, and that of erysipelas, scarlet fever, and kindred diseases, where there is a great tendency to decomposition of tissue, are the same; but that there is a similarity in the epidemic causes which lead to these diseases, I have but little doubt. I have noticed, where puerperal fever is present in the community as an epidemic—I do not refer now to hospital epidemics, where there may be local causes sufficient to produce the trouble—you will very likely find in the same community more or less diphtheria, erysipelas, or scarlet fever; and at these times the physican may carry with him those poison germs which, infused into the life of the young mother, develops puerperal fever.

I believe then, as I have stated in this article, that we may have isolated or sporadic cases of puerperal fever arising from local causes, and that we may have it in its epidemic form, not confined to the walls of the hospital or the crowded city, but extending into the country, into localities usually considered the most favorable to health, wherever certain atmospheric conditions may exist. It may spread, not only from the peculiar causes which produce the epidemic, but at these times, from its peculiar contagious character, it can be communicated from one to another.

I believe that it is a peculiar poison, just as much as diphtheria or scarlet fever, marked by certain general phenomena, and that although septic poison may generally be present, it exists rather as the result than the cause of the disease; and that as in the fearful blood poisonings of diphtheria the lesions are usually found in the throat, it is not by any means an inviolable rule, so that in puerperal fever, while lesions are usually found about the womb, cases are by no means rare where they either do not exist at all or are confined entirely to other organs.

Pleurisy is a very frequent condition, and is sometimes due to the extension of inflammation from an embolic center, from pneumonia, and from other causes. Pericarditis is a common symptom, and is not unfrequently accompanied by copious serous or purulent exudations. You first

notice pain in the region of the heart, then a feeling as though the heart was held in a vise, accompanied by great oppression of breathing. The pulse now shows indications of trouble, the temperature descends, a cold, clammy perspiration starts out all over the body, the extremities become cold, the breathing more and more difficult, until the heart, paralyzed by the strength of the disease, ceases to beat. Post-mortem examination reveals, perhaps, pleurisy of the left lung, with adhesions or profuse purulent or serous exudations, the pericardial membrane showing severe organic change; perhaps adhesions to the heart, and the walls of the heart itself softened, but more generally the sack filled with a purulent serous fluid.

In illustration of this point I will mention a case which occurred in my practice during the last epidemic of puerperal fever. A young lady in the second or third month of her second pregnancy, the first child being only about a year old, sent for me early one morning. I found her with an intense fever, mingled with creeping chills, severe pains in the head, nausea and vomiting. She was of extremely delicate organization, had never recovered fully from her first confinement, had suffered severely, and been under treatment for some time with severe ulceration of the womb, which still existed to a certain extent; and was every way entirely unfit, physically, to go through the protracted sufferings of another pregnancy. She had been recommended tonic treatment, the utmost care in her general habits, and a careful avoidance of any severe exertion, which might be likely to produce excessive fatigue.

On questioning her as to the cause of the sudden attack, she stated that the day before she had walked from above Twenty-third street with her husband, down Broadway, making frequent calls at stores, to Fulton market, where she had eaten freely of broiled oysters, and drank a mug of ale, and then crossed the ferry to a distant point in Brooklyn, and returned home late in the evening. During the day her bowels were freely moved, the sickness at the stomach ceased, and all the severe symptoms by the next morning had materially subsided. During the day, however, there were positive indications of miscarriage, marked labor-pains, and a decided flow. The next morning the discharge was slightly offensive; there was much tenderness on pressure about the womb and the peritoneal covering of the abdomen. The gastro-intestinal irritation produced by the imprudence the day of the attack, complicated and increased the gravity of the case. Still the symptoms were not at the time alarming; and both myself and the consulting physician felt there was a fair prospect of recovery. We did not conceal the fact that there might be future complications, owing to the very nature of the disease, which might cause it to terminate fatally. Early in the morning of the day of her death, I found marked indications of a severe pleuritic attack of the left lung, combined with a sharp pericarditis, and an evident serous effusion into the pericardial sack. There was a sharp pain in the region of the heart and about the lower portion of the lung, great oppression of the chest, and difficulty of breathing. The complications we feared had developed themselves suddenly, and with fearful violence. The case had in a few hours become full of peril. The danger was so imminent, that, anticipating the time of consultation, I left my own office during the morning hour, full of patients, calling my consulting friend from his morning's work. She rapidly sunk, and died about one o'clock. This was undoubtedly a case of puerperal fever, setting in when it was prevailing as an epidemic, aggravated by the general prostration of the system, and the imprudence the day before the attack, and ending in acute inflammation of the left lung, of the pericardium, and the heart itself, from septic poison. The septic poison was introduced into the system through the ulcerated womb from decomposition going on in that organ, following the first steps of miscarriage, and the termination was such as no former foresight could have guarded against, and no previous treatment prevented.

In this disease, inflammation of the cerebral membranes sometimes occurs, producing symptoms of cerebral menengitis. We find in these cases, on examination, the dura mater covered with a fibro-purulent exudation, and the pia mater variously altered from a slight injection to a permanent menengitis. Inflammation of the joints are common; and also of the mammæ, and the various glandular structures. The liver is hardly ever found in a natural condition. Besides the lesions starting from embolism, we have all stages of swelling of the liver-cells, to their entire disorganization. In the kidneys we are very apt to find, as well as in the liver, fatty degeneration; and also, embolic centres and a general inflammation. Inflammation of the eyes is generally produced by embolism, commencing with swelling of the eyelids, hyperæmia and hemorrhage. Unless the treatment is prompt and effectual, pus will be likely to form in the iris and cornea, and the eyeball destroyed.

There is a very strong tendency in puerperal fever to the formation of pus in the inflamed organs; and we not unfrequently see, as the disease advances, in different parts of the skin, pustules running into large sores.

Symptoms.—In rare cases we notice symptoms of the disease immediately after labor. The first marked indications are not usually seen, however, until the third or fourth day. The disease is not always ushered in by chills. This symptom is so common, from a variety of causes, that when it does exist, it is of no very great value of itself

as a diagnostic symptom. There is a gradual rising of fever—in some cases with a sharp ague, in others with only a slight shivering. And in still other and perhaps the majority of cases, the commencement is marked only by rising heat, restlessness, which becomes more and more severe, and is attended with great disturbance of the head. If ulcers have formed about the vulva, they are not usually attended with much pain, except at the time of passing water, when the burning is severe. The pulse is rapid, generally soft and full, and often above 150. In general peritonitis, the pulse is small, but more frequent than the temperature would seem to warrant. The fever is often slightly intermittent at first, changing to a continued fever as the disease advances, the pulse going up with the increasing temperature. As we notice, however, the temperature falling but the pulse increasing in frequency, we look for immediate danger. The breathing becomes oppressive, the face assumes an anxious or wild expression; the extremities become cold, the forehead covered with a clammy perspiration, and the patient sinks into the stupor of death.

A condition very often present, is a profuse perspiration attended by an intense thirst, but with no diminution in the quickness of the pulse or the secretion of urine.

Pain is a general symptom, and points to the locality of the most intense inflammation—as to the womb, the peritoneal covering of the bowels, gastro-enteritis, the heart, the lungs, the brain, or at whatever part the lesion may occur. If it assumes the form of a gastro-enteritis or peritonitis, or a perimetritis, we are likely to have pain on pressure, tympanitis, and great distension of the stomach. The lochia is not always affected at first, but very speedily after the attack, as a general thing, is entirely suppressed; and where it does remain the discharges become changed in character, and more or less fœtid. The tongue is flabby and tremulous, or covered by a creamy coating. As the disease advances, diarrhœa is likely to set in; the patient, restless from the first, becomes extremely nervous and fretful, and the respiration becomes quicker and hurried, the pulse soft and small, but increasing in rapidity. The flow of milk is almost always suppressed, or it may not appear at all when the disease is early developed. In some cases the flow seems to be nothing more than a serum, the characteristics of milk being entirely absent.

Treatment.—A room with the temperature not over 68 or 70 degrees, thoroughly ventilated, and the entire absence of unnecessary excitement, are of course essential. If the child has commenced nursing, it should be discontinued with the first active symptoms of the fever. The lochia should be carefully watched, and the parts washed and syringed two or three times a day, with a weak solution of carbolic acid or of kali-chlor.

At the first onset of the disease, there are usually present the indications for *aconite* and *bryonia*, and these promptly administered will sometimes arrest the further development. As the system comes more under the action of the disease, the parts becoming more sensitive, every sense growing more acute, hearing the slightest noise and suffering from the slightest jar of the bed, the head throbbing with pain, the face red and full, and the pulse quick and sharp, we shall think of *belladonna* as one of our most active agents. As the disease advances, the indications of puerperal fever becoming more marked, I have found more benefit from *baptisia* than *aconite*. As the disease assumes more of a typhoid character, *rhus* will be more indicated than *belladonna*. *Mercurius* is a remedy to which the mind will frequently recur during the progress of the disease, and will prove of especial value in the early stages of metritis or peritonitis. *Phosphoric acid*, sufficient to slightly acidulate the water, and given frequently, will prove of benefit, especially during the typhoid stage. Warm fomentation over the seat of the inflammation will often add materially to the comfort of the patient, not only relieving pain, but checking the progress of the disease in that locality. In the different stages of the malady, as important organs are involved, or the whole system brought under the influence of the poison, *secali*, *arsenicum*, *colocynth*, *opium*, *strammonium*, *hyosciamus*, *apis china*, *ignatia*, *nux vomica*, and other remedies may be indicated, according to the character and locality of the lesions.

The strength should be kept up as much as possible by appropriate food, and even stimulants, if in the latter stages they should be deemed necessary. The stomach is often in such a condition that the nutrition should be selected and administered with the utmost care, as the irritation produced by indigestible food produces positive harm. The two most important remedies in the allopathic school are opium and quinine. These two remedies, though liable to abuse, are still most potent when properly administered, not only for relief, but cure. Where there is a tendency to suppuration, or the suppuration is already established, quinine given in such decided doses as to bring the system quickly under its influence, is one of the best remedies we have. *Opium* will often be required in the crude drug, or its alkaloid, *morphine*. The intense suffering, the great restlessness and entire absence of sleep, and the failure of relief from any other source, call loudly for this drug. Even the temporary rest and relief from suffering which it produces, gives the system time to rally for its fearful struggle. The judgment of the physician will point out when it should be given; but when the time comes, it should be administered as unhesitatingly as any other drug.

The convalescence from this disease is often exceedingly slow, requiring the most careful nursing and the closest attention on the part of the physician, lest some latent disease should develop itself, or the patient sink from exhaustion, when her hopes had been buoyed up with the promise of speedily returning health.

CLINICAL NOTES ON MEDULLARY CANCERS OF THE UPPER JAW.

BY JOHN C. MINOR, M. D.

As an introduction to what I have to say concerning Medullary Cancer, I give a brief outline of three cases in which I operated upon the upper jaw for this disease.

Case I.—Mrs. F., 41 years old, of Newark, was placed under my care by Dr. Rockwith, with an encephaloid cancer of the left superior maxilla. It commenced six months previously, with severe but intermittent pain, located in the supra-orbital region, and a peculiar prominence or bulging out of the eyeball. She came to this city, and was treated at the Ophthalmic Hospital for supra-orbital neuralgia, but without success. In the course of a few weeks the teeth began to ache, the tumor developed in size, and then she came to me. It could be recognized as filling up the cavity of the antrum, pushing the eyeball upwards and outwards, and forming a distinct prominence on the cheek. On raising the lip, the lower border of the antrum was found to be distended and depressed, and overhanging the alveolus. There was no depression of the palate, nor was there any apparent implication of the teeth or alveolar process. No remedial agents had been of the slightest avail in retarding the progress of the disease, and accordingly, with Dr. Rockwith's assistance, I operated upon the case, laying bare the anterior aspect of the antrum by an incision, which followed the inferior border of the orbit, and was prolonged down alongside the nose. Having exposed the antrum by turning down this flap, I destroyed the wall of that cavity and removed the growth. Every particle of soft tissue was removed, and the bone was scraped or gouged wherever there seemed to be the slightest suspicion of disease. In this way I destroyed the bone piecemeal, with the exception of the palatine arch and the alveolar process. The external wound was united by silk sutures, and the after-treatment was of the simplest kind. The patient made a good recovery. The parts healed by first intention, with hardly a trace of deformity, and there was an immediate cessation of pain.

Case II.—Mr. ——, of Hackettstown, 35 years old, a patient of Dr. Uebelacker. The details of this case are nearly an exact counterpart of the previous one. There was, in the beginning, some neuralgic pain. Then followed what at first appeared to be a chronic catarrh, and very soon a fullness in the supra-orbital region, prominence of the eyeball, and a swelling of the cheek. The tumor in this case, however, was much larger and more active than that described above. When he came under my observation the palate was depressed till it was on a level with the teeth, but did not extend beyond the median line. The antrum was very prominent in front, thinned and crackling under pressure, and all the teeth of the left side were loose; the alveolar process, and, in fact, the whole extent of the bone having become softened under the action of the disease. The progress of the disease although rapid—six months—had been marked by several periods in which the size of the tumor diminished, and the pain lessened.

Having decided to remove the jaw, I performed the operation recommended by Ferguson; my incisions going from the zygomatic process of the malar bone along the lower margin of the orbit, down alongside the nose and into the left nostril, thence through the upper lip at the median line. This flap was dissected back so as to expose the bone. The zygomatic arch, the malar bone and the nasal process were divided, and also the alveolar process and palatine arch, so as to separate all the bony attachments. The attempt to remove the jaw *en masse* failed, as it broke down upon applying the slightest force. The tumor and bone were therefore removed in fragments. Upon removal, the disease was found to have extended up into the ethnoid bone.

The external wound healed by first intention, without deformity. The patient made a rapid recovery, and went to his home in ten days from the time of operation.

Case III.—Mrs. C., 50 years old, a dispensary patient, presented the same general characteristics as those already related in the preceding case. The tumor affected the right superior maxilla, the eye being pushed forwards and outwards. The antrum was completely filled and distended in every direction. The palatine arch was depressed to the level of the teeth, and the nasal cavity on the right side nearly closed by the distended antrum, which also overhung the alveolar process in front and laterally. The nose was pushed over towards the left side, there was considerable ædema of the eyelids, so that the right eye was closed and all the teeth on the right side were loose. This tumor had been growing for nine months, had been characterized at first by neuralgic pains about the eye, and latterly by toothache and headache. During the seventh month the tumor had diminished remarkably in size, and the other symptoms had improved so much as to lead the patient to hope for a complete recovery. The recurrence of the disease with additional severity brought her to me for treatment.

By the same incisions that were used in Case II.,

the whole of the superior maxilla of the right side was removed, and again I found the disease extending up and backwards into the ethmoid and sphenoid bones. The patient made a rapid recovery. The parts healed by first intention, and the deformity, although greater than in the preceding cases, was not very marked.

It will be noticed that these three cases were all perfectly successful so far as the operation was concerned. But the operation for the removal of the jaw is not the most interesting feature under consideration. The main question is, whether these operations were permanently or even moderately successful in preventing a recurrence of the disease. The sequel of these cases is rapidly given. They all died from a recurrence of the disease—the first one in five months, the second in two months, the third in three months from the time of operation. In each case the disease recurred so rapidly, that within four weeks from the time of operation it was as fully developed as it had ever been before, and seemed to progress with increased activity, till death, from repeated hemorrages or exhaustion terminated the sufferings of the patient. I am sure that these patients would have lived longer—I believe they would have suffered less—if no operative proceedings had been undertaken. With this painful consciousness, it is not unnatural that my opinion should be decidedly against the operative treatment of medullary cancer of the upper jaw.

When we apply pressure to this form of cancer the growth accommodates itself to the pressure, and its further progress is made in the direction of the least resistance. If we use a leaden compress upon such a tumor, located on the surface of the body, the growth becomes flattened but enlarges in circumference. Hence when the disease occurs in the antrum, we must remember that before this cavity becomes distended to any great extent, the disease has forced its way into the cells of the ethmoid, and its ramifications are already lost in the intricacies of the sphenoid bone, far beyond the reach of the boldest operator. There is good reason for believing that in these remote localities lies the original seat of the disease. The clinical evidence all points in that direction—the succession and gradual march of the symptoms being such as to lead us to suspect that the growth comes from above downwards, and from within outwards. And after operation, when we find the disease recurring, as we watch the return of the growth we cannot fail to acknowledge that it certainly comes from the ethmoid. and in all probability from the sphenoid bone as well. It is manifestly, then, in direct opposition to that experience which teaches us to cut wide of a cancerous growth or else to let it alone, that the operation on these cancers affecting the antrum is advised. Such operations must fail, because they merely remove the recessible portions of a malignant growth whose deeper points of origin are inaccessible. In contrast with the cases already related I will give the details of another case.

Case IV.—Dr. D., a physician from Philadelphia, 44 years old, consulted me two years ago with reference to the removal of a medullary cancer affecting his left superior maxilla. The tumor had been growing for a little over a year. The first symptom was a frontal headache, and then followed, in succession, a blocking up of the lachrymal canal, so that the eye was continually watering, a uniform prominence of the eye ball, and the development of a tumor in the antrum. When the case first came under my observation, the palate was depressed, the left nares blocked up by the distended antrum, the nose tilted over to the right side, and the tumor of the cheek was very prominent. Lifting up the lip I inserted the needle of a hypodermic syringe through the overhanging and softened antrum, and withdrew a sufficient quantity of the semi-fluid matter for microscopic examination, by which the diagnosis of medullary cancer was fully confirmed. My experience in these cases, as already given, had determined me never to operate on the upper jaw for the removal of a malignant growth within the antrum. I therefore explained to him my reasons for declining to operate, and advised him, if he wished to prolong his life, never to permit an operation, but to use electrolysis and subcutaneous injections of morphine as palliatives. This advice was followed, and a few days ago he called to see me again. Two years had passed, and his general health was still tolerably good, so that he was able to travel, transact business, and enjoy life more than many who are invalids from non-malignant diseases. The tumor has increased in all its dimensions. The left eyeball is partially dislocated and still turned upward and outward. The depression of the palate, which formerly extended only to the median line, now extends over to the other side, and an encephaloid tumor has developed in the right nares. The overhanging anterior wall of the antrum on the left side has disappeared, and a fungous growth now occupies the part projecting downward, so as to receive the impression of the teeth on the same side of the lower jaw. All the teeth have fallen out from the bone originally affected, and those on the opposite side are becoming loose. The lymphatic glands on the left side of the neck are greatly enlarged, and one just beneath the jaw seemed to be about to ulcerate. During the time that has elapsed since his first visit he has had several periods, extending over two or three weeks, when he was completely free from pain. During a period of six months there was no apparent extension of the disease; everything remained in suspension, and the pain, although not entirely absent, was very slight. He had never been compelled to use morphine. His condition seemed to

justify the policy that had been pursued in the case. It was pitiable in the extreme to witness the unrelenting and fatal growth of the disease; but in the full appreciation of the inability of an operation to produce any other effect than to shorten the life of the patient, I was content to choose the least of two evils, and let the case alone. I may quote the words of Mr. Hancock as expressing my own convictions on this point: "I entirely differ from the opinion that medullary sarcoma commences in the antrum of Highmore and extends backward to the pterygoid processes; but, on the contrary, from what I have observed, I firmly believe that the disease commences in the cancellated structure of the body of the sphenoid bone and bones at the base of the cranium; and that, however early we may perform the operation, we never succeed in eradicating the mischief, which is sure to return at a longer or shorter period, according to circumstances."—*Braithwaite's Retrospect*, part xxxi., p. 136.

Another feature of clinical importance is worthy of notice, namely: The progress of medullary cancer is not as uniform as that of other malignant growths. By this, I mean that we may have periods when the local trouble diminishes in size, the pain subsides, and there is an evident improvement in the general condition. This characteristic has been noticed and affirmed by all pathologists, and by most surgical authors; but its important bearing upon the prognosis and treatment of the disease is probably not fully appreciated by the profession at large.

Broca accounts for the cases in which a partial diminution of the size of the tumor takes place, by regarding them as "examples of the resorbtion of homœomorphous elements, which have been deposited amidst the heteromorphous elements;"—an explanation which presumes that all the constituents of a cancer are not of necessity cancerous. Rokitansky and Paget are both decided in their testimony as to the liability of the medullary cancer to become arrested in growth. A vast number of well authenticated cases are on record, by which we can demonstrate that this form of disease has not unfrequently remained for ten or fifteen years in a condition of total suspension, its growth arrested and its influence neutralized. Generally, however, these periods of inactivity, although well marked, extend over a few weeks or months.

The following case, which I condense from *Markoe's Treatise on Diseases of the Bones*, illustrates this tendency, and also some other important characteristics:

An amputation of the thigh was performed in the New York Hospital, June 24th, 1856, for an enormous tumor, occupying the lower half of the former. The tumor was found to be an encephaloid cancer, and the patient recovered from the operation. Six months afterwards, December 26th, an attack of ædema of the face attracted attention to a soft lump, about the size of the fist, upon the side of the head, which had existed for about three weeks. Another tumor developed on the right clavicle, and several swellings were noted on the third and fourth ribs.

On reference to the Clinical Record, we find:

"January 4th, 1857.—The swelling on the clavicle has disappeared. The large tumor of the head is also subsiding, and his headache is much relieved."

Again we find:

"January 24th.—The tumors are beginning to grow again."

In July, 1857, the patient died from the exhaustion produced by the disease. At the time of the post mortem, the tumors covered nearly the whole surface of the vault of the cranium. Encephaloid tumors pressed upon the brain; the lungs and pleuræ were studded with them, and an encephaloid mass, as large as a child's head, was found in the right iliac fossa, developed from the bone upward into the pelvis, and downward so as to surround the head and neck of the amputated femur in a sort of cancerous capsule. But the point of special interest to us is, that "the other tumors, on the clavicle and ribs, noticed before death (as having subsided), were found to be of the same medullary character."

In this instance, we cannot suppose that these tumors which had disappeared on the 4th, and began to grow again on the 24th of January, 1857, were Broca's "homœomorphous elements." They were, in reality, medullary cancers. This case is not an isolated one, for such variations in the progress of the disease are common enough in the experience of every surgeon.

Now the practical point evolved is, that with this frequent variation in the progress of medullary cancer, we cannot form any reliable estimate of the action of remedies on the disease. This inference must also be applied to the question of operation; and in considering the propriety of excision, although we may in some cases be justified in operating, we cannot enter upon any such procedure with an assurance of prolonging life.

I would not be understood, however, as advocating non-interference in all cases of medullary cancer. I believe that when the disease is located in the upper jaw, such a policy is the best, because the origin of the tumor is inaccessible. When the disease appears upon the extremities, we are justified in amputating; and where the disease attacks the skin, we should by all means excise the growth, before the subjacent tissues are greatly involved. These points, however, require a fuller consideration than can be given, for what I have already stated will not bear a strict application to any other cases than medullary cancers of the upper jaw.

PROFESSIONAL AMENITY AT HOME AND ABROAD.

In the November number of THE MEDICAL UNION (page 258), under the heading "Allopathic Courtesy," is briefly stated the action of the American Health Association at its late meeting in this city, in reference to the refusal of the committee on membership to place the names of Drs. Verdi and Bliss, both of the Health Board of the city of Washington, upon the roll as members, as proposed by Dr. Cox, also a member of the same board at Washington; further, the scene that thereupon took place after Dr. Cox demanded to know the why and the wherefore of said action—culminating in a motion by Dr. Marceau Morris, of this city, to expel Dr. Cox for having dared to inquire into the action of the committee on membership, concerning the non-admittance of his colleagues of the Health Board at Washington—as such inquiry of Dr. Cox was an insult to the members of the American Health Association. Dr. Morris' motion did not, however, prevail, and the offending member, Dr. Cox, was received back into the fold in good standing, by offering (as reported in the newspapers) ample apology for having had the temerity to inquire into the action of the committee on membership.

Here the case was dropped. But the attending facts deserve more than a passing notice, especially when compared with the action of European societies, instituted for similar purposes, and called upon to act under like circumstances.

We will first examine the motives that governed the action of Dr. Morris. The American Health Association is ostensibly a society composed of physicians and laymen, interested in the advancement of sanitary science. Its objects are manifold, and apply to the community at large. In discussing and applying rules and principles for the general improvement of certain localities, of communities and individuals, it does not stop —nor can it stop—to inquire whether the majority of the inhabitants of a particular district, or town, or city, employ allopathic or homœopathic, or any other physicians. They could do this no more than the Health Board of New York city could refuse to accept the certificate of death (imperative to obtain a burial permit), signed by a homœopathic or other physician, as long as the said physician giving the certificate is duly qualified to practice his profession. Now, if the "absolutism" of allopathy is *imperative* in such a case as cited, how is the action of the Health Association in reference to the non-admission of Drs. Verdi and Bliss explained?

Very easily. Without reference to the body of the Association itself, that absolute instrument called "the code of ethics"—which, by way of explanation for the uninitiated may be interpreted as "*the rules which teach a physician how to scratch the old cat's back*"—this code of ethics is adopted as the governing code for admission into the American Health Association. The whip of discipline is then vigorously applied, submission or expulsion the alternatives. Naturally, under such autocratic rule, Dr. Cox had to succumb. But two wrongs never make a right. Because Dr. Cox yielded to disciplinary pressure, the non-reception of Drs. Verdi and Bliss, as members of the Health Association, is therefore by no means justified.

There is another feature in the case of Dr. Verdi's rejection which must not be overlooked. It will be remembered that this Dr. Verdi, the candidate rejected, attended the late Hon. W. H. Seward after the serious attempt upon his life in Washington, at the time of the assassination of President Lincoln. Brigadier-General Barnes, then and now Surgeon General of the United States Army, was called at the time into consultation, and *did* consult with Dr. Verdi, the homœopathist, at Mr. Seward's house. Was not there a breach of the code of ethics committed by Surgeon-General Barnes? Why was not the Surgeon General disciplined for said breach of the code—say by the American Medical Association? Consistency is a jewel. If Dr. Cox is threatened with expulsion for wanting to know why his colleague of the Health Board at Washington, Dr. Verdi, is not admitted as a member of the American Health Association, why should Dr. Barnes escape discipline? The answer is easily found. It makes all the world's difference "*who scratches the cat's back.*" This is the point to be recommended for consideration to Dr. Cox. And it may justly be also stated, that instead of Dr. Cox having insulted the Health Association by his motion, the Health Association unquestionably insulted the sober sense of the people at large, by its action in refusing admission to the gentlemen in question on such flimsy pretexts.

Now let any candid person compare with this uncharitable and narrow-minded action, the conduct of any scientific congress that has been held in Europe for the last twenty years, including also the late Medical Congress in Vienna during the Universal Exposition.

A professional man, duly qualified to practice his profession, takes his seat—no matter what his particular tenets be as to the application of remedies to disease. He takes his stand equal to others, not as a representative of some particular hobby, but on the broad plane of science as a *physician*. He is not annoyed by splenetic, bald-headed, dyspeptic, and newly-fledged candidates for practice and notoriety, sent there to shout themselves hoarse in defence of a code of ethics. He will be struck by the total absence of those sanctimonious, virtuous individuals, who have, for want of better practice, grown old in tinkering upon that code of ethics—their chief topic in

those scientific bodies in which their presence is yet tolerated. He will have pleasant intercourse with medical men from Germany, England, France, and other countries, who have gathered, not to represent this or that clique, this or that county Society or Academy, but who have come to compare notes and facts, as members of a common brotherhood interested till death in relieving those who suffer. He will soon find out that their code of ethics is based upon the broad principle that every man is entitled to his honest opinion. Nor is the specialist looked upon with jealous eyes. If he examines the city directories of Vienna, of Berlin, of Paris, and other large cities, the special practice of each physician—if he follow a specialty—is distinctly and clearly stated after the address. This privilege is denied to the profession here, for special reasons, according to that infallible instrument, "*the code of ethics*," with the exception of oculists.

There is a way, however, of circumventing even that code. A few *bona fide* cases from among many, fresh in our mind, will illustrate this. A specialist in gentlemanly maladies desires to advertise himself as such specialist. Accordingly, he starts a periodical devoted ostensibly to special diseases, and then, by advertising his periodical in a daily newspaper, and himself as its learned editor, he finds the desired opportunity to present himself to the "*Teunesse dorée*," as a physician specially versed in the treatment of that particular class of maladies. This is legitimate according to the code of ethics. Another wishes to be famous as an electropath. He proposes, of course, to disclaim being a specialist—in a public essay—to purify the atmosphere of infected localities by setting up an immense electrical machine, and he himself to direct the current. A third wishes to have it understood as ostensibly as possible, that he has studied (from books evidently) the course of cholera, and wishes the public to infer he possesses the desired panacea to cure that dreadful plague. The public gets the benefit of these facts by his frequent communications in the shape of letters, addressed to various newspapers, on the course and progress of cholera, with predictions when it may be expected here. All this is legitimate according to the code. Let him who doubts again be reminded, that the difference lies simply in the manner "how you scratch the cat's back."

To refer once more to Dr. Cox. When threatened with expulsion, he retaliated by saying that in case of defeat he should appeal to *the press of the country*.

It must be confessed, that sooner or later this anomalous state of things in medical matters must explode, and the PRESS must become the defender of freedom of thought, even in matters of medicine and science generally.

A new era is dawning. The time is fast approaching when illiberal codes of ethics will belong to things of the past. Deception may, perhaps, walk about for a short time longer, to gull the ignorant, but sooner or later the code will cease to be the "magna charta" of assumed respectability. Narrow-minded individuals, with the garments of science about them, but whom their long ears will always betray, will then cast about for new codes of ethics, for want of brains to stem the current of progress. Petty jealousies must give way then to manly acts and manly thoughts. Differences of opinion will then be respected, and the misnomer of allopath and homœopath merged into the only proper appellation of *Physician*.

At some future time I may possibly return to this subject.

MEDICUS.

THE METHOD OF REMEDYING DEFORMITIES BY PROGRESSIVE DIVULSION AND DEVELOPMENT.

BY GEO. H. TAYLOR, M. D.

The principles underlying the cure of deformities arising from muscular and aræolar contraction are simply a local application and intensification of those related to the general health. It is not our present purpose to introduce a discussion of these principles, further than to call to mind that the general facts of physiology may be summarized by a single comprehensive word—*motion*. To maintain right motion, ordinarily, through the reaction of the voluntary upon the involuntary powers of the system, is to maintain nutrition, whence health and power arises. It hence follows, that to increase or correct the health, whether general or local, is to increase or correct the minutest motions, whose sum constitutes function or physiology. All remedies have this purpose, whatever be the statement concerning them; no remedy can have other purpose.

In the case of contractions and the consequent deformities, there is no really essential modifications of the laws of health—no new requirement. Localized parts offer no exception to the law above indicated; special mechanical or locomotive impediments afford no exemption from inexorable vital needs. Removal of deformities does not merely imply a forced conformity to normal mechanical form, but demands an interior restoration of vital activities, from which form proceeds.

The function of motion in exciting local nutrition admits of the most complete and satisfactory demonstration. Indeed, all medical devices and applications are based upon the centre of motion; but none can compare with the effect of its direct application in certainty and degree of efficiency. The need of nutritive action is always the paramount one in diseases whose result consists in de-

formities, as well as in other affections. Nutritive action involves motion of the blood, of the interstitial fluids, of those affecting the cell, and all chemical change whose outcome is vital power.

It would appear that motion and food have not only co-related, but analagous functions; for as the latter is changed to the organized instruments of vital power, so the former, when supplied from exterior sources, though it disappears as such, is not lost, but becomes auxiliary to physiology by aiding the support of all its processes.

These elementary facts being conceded, we may proceed to inquire as to the mode of restoring and establishing the self-generating power—motion—which is the constant lack of all cases of deformities.

This is an eminently practical question, and the answer is as simple as practical. It is only requisite that motion from some adequate source of supply *be expended in the vital system and its parts.*

The different methods which have proved of greatest service in transferring motion to the body, to be transformed to its uses, are explicable only in connection with the description of instruments employed for that purpose.

The principal instruments employed and the effects produced, are the following:

Rubbing.—This consists of friction produced by reciprocatory motion with moderate pressure, by a rubbing instrument, upon the part subjected to the action. The general mechanical form of an instrument for this purpose can easily be understood. One form of the instrument has two pads having adherent surfaces, which are caused to receive a rapid reciprocatory motion in opposite directions. The part subjected to action is placed between these pads, while the patient controls perfectly the action and pressure by means of a lever upon which his hand is placed. The motion is usually directed across the fibres of which the part is composed; or if desirable, can be applied in any direction. Different forms of the apparatus are adapted respectively to the feet, hands, legs, arms, and trunk.

Another form of the instrument consists of a single adhesive pad, which moves horizontally with rapid reciprocatory motion. The rubbing pad is placed in the central portion of a couch upon which the patient lies. He can present any portion of the body he desires to the rubbing action, and the degree of effect will depend upon the pressure he applies to the instrument.

The effect of these processes are as follows: Heat is developed, not only in the part subjected to the pressure, but is diffused throughout the body. This increase of heat is immediate, and soon becomes permanent. A portion of this increase of heat is probably due to *friction*—that is, to the direct conversion of motion into heat; and a part to the increased chemical change that is superinduced by more energetic contact of atoms which have an intrinsic tendency to form chemical unions. The results of this action is conspicuous also in the increase of moisture in the skin, and increased amount of urine, and it is extremely probable also that the amount of carbonic acid eliminated is correspondingly increased. By such elimination all surplus heat passes from the body, so that it maintains a natural and wholesome temperature.

The amount of blood is increased in any part subjected to the action, and consequently the conditions for increased nutrition are supplied.

But the most conspicuous effect, and one having a direct relation to therapeutics, is the fact that soreness, tenderness, and swelling are diminished, and even removed, by this process.

The physical action produced by the motion described, consists in a gliding upon each other of fibres, membranes, and in fact all anatomical structures entering into the composition of organs. This action produces a *progressive increase of the facility of motion* of these structures; the result is the sundering of morbid adhesions, and restoration of the normal relations of aræolar and muscular fibres.

The effect of increased nutrition is soon conspicuous in increased size of muscles, which is determined by occasional measurement of shrunken extremities; muscular power is, of course, increased also, together with the control of members by the will.

Vibratory.—This action is produced by the rapid but gentle impingement of the instrument of action directly upon the surface, *at right angles to its plane.* The motion is propagated through the body or part in short waves, as though its substance was a semi-fluid. In this way there is caused an attrition of all the anatomical constituents of the parts.

The effects are very similar to those described as resulting from rubbing. The fibres, cells, membranes, etc., constituting organs, are caused to strike against each other in rapid succession, with a light, agreeable concussion, which affords a gentle and permanent stimulus to natural functions. In this way obstructions in the circulating vessels are removed—either resolved, or else urged along their course—chemical changes, which are concomitant to physiological action, are promoted, so as to approximate the due and natural degree of activity, and all the other effects mentioned as arising from rubbing.

Oscillatory.—A rapid succession of partial turns upon the axis of an extremity constitutes this action. The effects of oscillation closely resemble those described as flowing from rubbing and vibrating. There is both attrition of fibres and light alternate pressure and relaxation of the constituent parts subjected to the process.

There is also a marked degree of *centrifugal* effect produced by the circular motion—the same in the living as would be in an inanimate object. The fluids contained in the parts subjected to this motion are therefore urged toward the skin with considerable force. A large amount of heat is simultaneously produced, which, with the blood conveyed to the limb, is caused to appear in the skin.

These and other similar motions communicated to the body and expended within it, are of course derived from some adequate exterior source of power. The amount of such motion which the defective parts can receive and appropriate is far too great for the capacity of an assistant to supply.

In the operations described it will be observed that no pulling of limbs is done, no tension of fibres whatever is produced—only attrition within a very limited space. The motions are almost, if not quite, confined to elementary constituents. The tension strain, which has proved nearly or quite ineffectual for the purpose designed, is broken up into innumerable fragments and divided among the anatomical constituents, in precisely the same way as nutrition is ordinarily employed and applied. In this way all the physiological functions are directly promoted and perfected, and health restored.

But in addition to the above effects, which are primary and absolutely essential, these results are actual, through gradual *divulsion* or breaking up of long-continued adhesions, the aggregated effect of which produces deformity.

This divulsion commences with the first application of these forms of motion, and goes on increasing at every succeeding one, till the normal relation of the fibres is attained and the contraction removed.

CASES OF DEFORMITY PRODUCED BY ARÆOLAR AND MUSCULAR CONTRACTION, RESTORED BY THE GRADUAL DIVULSION EFFECTED BY MOTION.

Case I.—Deformity following hip joint diseases; removal of contractions and partial anchylosis, with great deformity, without instruments and without tensile force:

Mr. B., aged 26, a teacher, came to me with the following history: In boyhood he suffered from disease of the right hip joint, which, after several years of prostration, subsided, leaving serious deformity and entire uselessness of the affected limb. The hip joint admitted of but little motion, and the muscles and tendons were so contracted that, in standing, the foot was at least six inches from the ground. The muscles were imperfectly developed, and it was found, after restoration, that the bones were an inch too short. He got about by the aid of two heavy crutches, and occasionally touched the ground by means of the very thick cork sole of the shoe worn on the affected side.

It was not, however, on account of this deformity that my advice was sought. A feeling of numbness and other evidences of waning power, which had declared themselves during the last few months, gave him good reason to fear paralysis of his only useful leg, and urged him to seek to avert the threatened calamity of complete loss of locomotive power.

My discovery of the wonderful efficacy of various gliding motions in relieving contractions and adhesions is intimately connected with experience in the present case. At first, treatment was prescribed with sole reference to the paralyzed limb; the response was satisfactory from the first, and in a few weeks the affection disappeared altogether. It was only at the solicitation of my patient that I extended similar treatment to the *deformed* limb. The treatment was applied without the advantages of mechanical adaptations since invented by me, and suited to needs of this special class of cases. It was not doubted but that the defective limb would increase in size and power, because long experience has demonstrated that these effects constantly follow the means employed; but improvement in these respects would be valueless, in consequence of the imperfect joint and contracted muscles and tendons. I was happily surprised at the degree of the effects produced by the treatment. In proportion as the limb became warmed to new life, and received increased nutrition, the contracted muscles and tendons became extended, and the limb straightened. The improvement proceeded uninterruptedly till the limb became *entirely straight.* At the end of two months the thigh joint was perfectly free and natural in its motions, and my patient was able to stand quite erect, and enjoy the perfect use of both limbs. Having diminished the thickness of his cork sole, so as to adjust it to the new condition, he returned home without crutch or cane.

Case II.—Contraction of the muscles of the left side; deformity of the hip joint; shortening of the leg, and inability to raise the arm:

Miss N., about 36 years of age, presented the following symptoms: The whole of the left side suffered from permanent contraction, causing the leg to be drawn up so that she was obliged to wear a shoe having a cork sole three and three-quarters of an inch in thickness to enable her to stand erect. The knee was straight, and there was but little flexion of the thigh, but the hip was drawn up and projected, causing considerable deformity, as well as limitation of motion. The left arm was nearly confined to the side from the same causes, but there was freedom of motion of this elbow, though on account of the fixedness of the arm, she was unable to reach her head with her left hand. This condition of the leg had existed with some variations about thirteen years, while the arm had been rigid between

three and four years, which indicated that the disease, whatever its nature, had been progressing.

She reported having been treated by prominent physicians for hip-joint disease, which proved clearly to be an error of diagnosis.

Although the muscles of both her affected arm and leg appeared somewhat rigid, yet there was probably but little adhesion of fibre, the great amount of persistent shortening being probably due to central nerve irritation. During the period of the affection, she had quite constant severe headache; and it was only occasionally that spasmodic action was present, and this was chiefly confined to the trunk of the affected side, while the limbs usually escaped. The respiratory muscles occasionally engaged in uncontrolable spasmodic action, which gave great distress, and carried alarm to her friends.

The *purpose* of the treatment was, therefore, to remove cerebro-spinal irritability and congestion, upon which the deformity appeared to depend, on the general plan pointed out, and for the reasons assigned in my book on "Paralysis." *Neither leg nor arm* which had previously received the physician's and the patient's chief attention, *were subjected to any process of extension or stretching.*

Recovery progressed rapidly and uninterruptedly. The headache soon disappeared, and in three weeks Miss N. was able to comb her hair for the first time in several years. In seven weeks she discarded her high cork soles, they being no longer useful, and thenceforward wore two shoes alike, all contraction and shortening of limbs having entirely yielded. She has ever since been able to walk long distances without limping, and with perfect ease. Miss N. is a resident of New York, and desires that others similarly affected be referred to her.

Case III.—Arrest of development of the right leg, with deformity of the knee, caused by extensive cicatricial contractions:

This case illustrates the principle that condensed aræolar tissues and agglutinated fibres, even though the product of cicatrices, may be so separated by gradual mechanical demolition as to permit free motion of joints; and that stretching instruments are not necessary.

Master Willie S., born in India, of missionary parents, at about six years of age suffered from several abscesses about the knee. These continued two years before healing. Whether there was loss of bones by necrosis and exfoliation, could not be clearly learned. When the child was twelve years old, his parents brought him to this country and placed him directly under my care, hoping to secure the removal of deformity of both hip and knee-joints, caused by cicatricial contractions around the knee. Below and around this joint were several large scars with deeply depressed surfaces, indicating much loss of substance. The tendons were all very tense, and the muscles so contracted, that the flexion of the knee was rigidly held at nearly a right angle. The whole limb was undeveloped, muscle small, unused, with but little power. He walked by means of crutches, the toe of a very thick cork sole only occasionally touching the ground.

To remedy this deformity, no instrument producing mechanical extension, *or cutting of tendons*, and no direct traction were employed. Elasticity and extension were rapidly gained by muscular and by aræolar tissues by the means heretofore described, which pre-eminently caused the gliding of fibres, increase of heat, production and increase of nutrition. The treatment was continued two months, but long before the end of this time the boy was able to straighten the leg, and cause it to obey the will like the other. The loss of growth by the affected limb during the six years, caused it to be permanently shorter than its fellow; but, with a sole somewhat thicker, and a cane, he is able to walk and run with facility.

Case IV.—Deformity of the hand from cicatricial contraction:

Miss W., aged 19, had suffered from sores, presumably of a scrofulous character, confined chiefly to the radial side of the right hand. These had produced a considerable loss of substance, and in healing had caused the thumb and two fingers to become rigidly and immovably flexed. It was impossible to straighten these members, even by force, without incurring danger of rupture of the binding substance.

The treatment employed was essentially the same as used for other contractions, viz: prolonged transverse rubbings, reciprocal twistings, &c.—better shown than described. After about six weeks' thorough application of these measures, she regained full use of the defective thumb and fingers.

Case V.—Removal of deformities produced by prolonged spasm of muscles in hemiplegia:

Mrs. D., aged about 42 years, widow, suffered an attack producing hemiplegia of the right side ten years since. She is so far recovered as to have fair general health, and was able to superintend housekeeping. She had very little control of the affected arm at the shoulder, and involuntary motion of the shoulder-joint was quite limited, on account of contractions of muscles which control the joint. She had partial use of the hand, but could not raise it to her head, and could not separately use the fingers.

The muscles of the right leg were also contracted, flexing the thigh, and drawing the heel up so that it could not reach the floor; walking was therefore accomplished with great difficulty, and with an extremely awkward gait.

This person's circumstances were such as to prevent her from devoting the time necessary for

proper treatment; but, as the case was considered a very favorable one, it was undertaken, and treatment was applied with a vigor not warranted under other circumstances.

The effect of this treatment, in liberating the confined fibres and elongating and restoring power to contracted muscles, was indeed remarkable. The prolonged contraction of the leg appeared to be entirely relieved in less than one week, and she became able to walk in the ordinary manner, the heel of the affected limb pressing the floor at every step; and though the limp state existed, it was very much diminished. The arm improved more slowly, but at the end of a month, at which time the treatment was discontinued, she was able to use it in ordinary occupations.

The attempts which are often made of sudden coercion to correct deformities of this class, it is well known by physicians are mainly futile. If continuous stretching be maintained by an instrument adapted to that purpose, the process is painful as well as prolonged, and the result exceedingly problematical. Neither process does anything for actual present needs of the case, namely: development of the substance and the power of the vital instruments at fault; both processes approximate and actually press together the very parts which rational judgment of the condition would say require *separating;* in a manner disintegrating, in order to secure restoration.

Case VI.—Removal of deformity after failure of tenotomy; cutting contracted tendons neither removes the causes of the contraction nor the adhesions of arœolar and muscular fibres.

The treatment of contractions by means of motion has an advantage over all other efforts in the same direction, in diminishing and in removing the *cause*, so far as this consists in that form of disease of the central nerve which induces spasms. The following cases are excellent illustrations of this statement:

Miss P., aged about 25 years, of hereditary predisposition to nervous disease, had been unable to walk during nine years, in consequence of contraction of the muscles of one leg. The limb was flexed at both the thigh and knee-joints, and drawn inward, crossing the other leg just below the knee. No amount of force could straighten or separate the limbs. Two years before consulting me the tense tendons were relieved by subcutaneous cutting, the leg brought down straight, and an instrument applied to maintain the correct position. After some months the instrument was removed, but the limb soon resumed its previous deformed shape. A similar course was pursued in this as in other cases, modified and greatly prolonged, however, by the exceeding sensitiveness of the patient and other peculiar circumstances. She left our treatment at the end of six months, the contraction of muscles and the consequent deformity wholly removed, and for the first time in nine years able to walk with only a slightly defective manner. The usefulness of the long inactive limb continues to the present time.

Case VII.—Extreme deformity produced by contractions of both legs and one arm:

This case was Mr. A., a young lawyer of excellent early promise, who had for nine years suffered spasms, amounting sometimes to convulsions, from cerebro-spinal disease. One arm and leg were partially paralyzed, the muscles of both legs contracted to an extreme degree, causing the thighs to cross each other, and the knees to be drawn up so as to press strongly against the stomach. The affected arm was rigid and not amenable to voluntary control.

A year previous to my seeing him teneotomy was performed, and the legs straightened by means of weights and pulleys. The pain caused fever and extensive bed sores upon his thighs, from all of which he, in a year, with difficulty recovered. After this he came to me with the legs in the condition above stated—an example of the futility of treating the *effects* of disease while the cause remains.

This patient suffered the extreme torments of neuralgia. It was with the expectation of relieving this suffering, and not that of relieving the extreme deformities that had existed so long, that I undertook his case. It should be added that no attainable medical skill had been omitted. The extreme sensitiveness of the patient, as well as the apparent hopelessness, were conditions which dictated a very slow method of procedure. It was soon apparent, however, that the *contractions*, as well as the neuralgia, were being benefited. At the end of six months, not only was the neuralgic condition greatly improved, but the contractions were so far relaxed that he could use, to a limited degree, the affected arm, while the condition of the legs allowed him to sit in a chair. He afterwards pursued the treatment till the legs became nearly straight. The paralysis, however, was not sufficiently removed to allow locomotion.

RHEUMATIC DEFORMITIES.

Rheumatism is primarily a disease of the blood, which gives rise to certain local manifestations, such as inflammation about joints and moving parts, producing enlargement, stiffening and adhesion of the arœolar and muscular fibres.

To cure rheumatism it is not enough to remove the local manifestation, nor yet the rheumatic poison; the reproduction of the morbid element must be prevented, or no permanent cure is affected. This is done only by perfecting the health, through increasing the energy of all the chemical processes within the system. For it appears to be conceded that the rheumatic material arises from deficient oxidation—an excess of uric acid being

produced in place of urea, causing inflammation of joints and other white tissues.

This theory of the cause of rheumatism is confirmed by the universal modern practice of employing such internal and external medication as shall increase the ordinary oxidizing processes in the system. My own experience not only confirms this view, but demonstrates that the desired increase of oxidation is more easily and certainly secured by means of hygienic adaptations than in any other way.

The suffering patient soon learns and intensely feels that there are requirements in his case which the resources of medicine are inadequate to fulfill. These are the absorption of local swellings, usually about joints, and *restoration of the natural gliding of the fibres*, which have been rendered adherent by the disease.

All these requirements for the cure of rheumatism are supplied to the fullest extent by peculiar forms of motion.

Case VIII.—Miss J., aged about 40 years, had been prostrate with articular rheumatism, commencing with acute rheumatic fever, for three-fourths of a year. She was unable to rise from her bed, or help herself in any way during this period. Remedies had failed to relieve this condition. The feet were extended in a line with the legs; the ankle joints were enlarged and stiffened; the wrists were swollen; the hands turned to one side and nearly useless; the knees swollen and stiffened, as well, in fact, as most of the joints of the extremities.

The existence of inflammation with great swelling, heat, and pain, does not contra-indicate the use of vibrating motion, but only its misapplication. No remedy is so certainly and speedily beneficial. The present instance is a good illustration. The sore and swollen joints were relieved by the first application. In a few days she was able to make her own toilette—the first time in a year. She soon got upon crutches and had the benefit of out-door air. In a few months her health, including the parts, were quite restored, excepting one ankle, which had been permanently injured by the indiscreet manipulations of some physician, ignorant of the proper mode of directing the power he employed.

The deformities produced by rheumatism are very apt, as it is well known, to be permanent. The tissues consolidated by the inflammatory product do not yield to medicines through the stomach, because endowed with vitality; and no progress is made by applying tension alone to the contracted parts, since tension can only further consolidate such tissues. The use of such motion as *liberates* the distant molecules and fibres, while impelling all interstitial fluids towards the nervous capillaries, carries the restorative process far beyond what would otherwise be possible. The practical value of the principle here explained has been long tested, and its superiority to all other methods has become thoroughly established.

Case IX.—This was a young man of scrofulous habit, confined to his bed utterly helpless for one year, with rheumatic enlargements and contractions affecting all the joints. Couldn't be straightened enough to put on ordinary clothing, and could feed himself only with great difficulty. In one month he had acquired perfect use of his arms, could even raise himself in a hand elevator (a suspension rope over a pulley) to the upper floor of the house. He soon put on pants, but at the end of three months, when treatment was discontinued, his legs could sustain his weight, and there was good prospect of full restoration.

Local rheumatic symptoms, with swelling and pain, are in general speedily removed by means of motion, when skilfully applied.

Marriage of Blood Relations.—Statistics presented to the French Academy show that the marriage of blood relations form about two per cent. of all the marriages in France, and that the deaf and dumb offspring, at birth of consanguineous marriages, are, in proportion to the deaf and dumb born in ordinary wedlock—at Lyons, full twenty-five per cent.; at least twenty-five per cent. in Paris, and thirty per cent, in Bordeaux —the proportions of the deaf and dumb, by birth, increasing with the degree of blood relationship. The data obtained show that, if the danger of having a deaf and dumb child in ordinary marriage, represented by figures, is one, there will be eighteen in marriages between uncles and nieces, and seventy in marriages between nephews and aunts. It appears, too, that the most healthy parents, if related in blood, may have deaf and dumb children; while deaf and dumb parents, if not related, very rarely have deaf and dumb children.

The bane of the beautiful island of Martinique is a serpent called the "iron lance." This reptile, with venomous taste, chooses the coolest and most delightful places in the garden for his retreat, and it is literally at the risk of one's life to lie down in the grass. The wounds inflicted by these serpents are very apt to be fatal unless immediately cared for. It is said that on an average nearly eight hundred persons are bitten every year, of which number from sixty to seventy cases prove fatal, while many others result in nervous diseases which are almost as bad as death.

The German Emperor has conferred upon Miss Florence Lees, St. Leonard's-on-Sea, England, the war medal and its diploma for services rendered to the sick and wounded in the Franco-German war. This is in addition to the cross already received by Miss Florence Lees.

The Medical Union.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

EIGHTEEN SEVENTY-THREE.

THE year which has just taken its departure has left its record in the medical world, in the strong and telling blows which have been struck at bigotry and intolerance, and in the decided advances which have been made in the various departments of medical science. The medical department of Boston University is a decided success, and shows even in its infancy its ability to uphold the standard of a liberal and a truly scientific medical education. Hospitals and dispensaries have been organized in different parts of the country, and are meeting with a very marked and gratifying success. The medical press has given us even more than the usual ratio of good medical books, many of which have received careful notice in THE MEDICAL UNION.

Boericke & Tafel have given us, in the usual excellent style which characterizes the publications of this house, a capital "Manual of Homœopathic Veterinary Treatise;" a work on "Bright's Disease," very badly translated from the German of Buchner; "Thomas' Guide for Post Mortem Examinations,"—one of the best books on the subject in our language; the second edition of "Burt's Characteristic Materia Medica"—which deserves a place in every library; "Characteristics of New Remedies," a work of great value; "Guernsey's Obstetrics," of which our school may well be proud; "Rau's Annual Record of Homœopathic Literature;" "Boninghausen's Therapia of Intermittent and other Fevers;" "Ophidians," a work on serpents and their poison, which will well repay perusal. From St. Louis we have Franklin's very valuable work on Surgery; from Chicago, "Ludlam's Diseases of Women;" from Lippincott's, "Gorton's Mental Hygiene;" and from the young and enterprising house of Carle & Grener, of this city, in very excellent style, a work on Surgery, by the popular professor and surgeon, Dr. Helmuth.

Last, but not least, there comes from Albany the tenth volume of the "Transactions of the State Medical Society," filled full of valuable matter, and containing, in addition to its own special index, a carefully prepared general index of the previous nine volumes. Dr. H. M. Paine may well be proud of the ten volumes of Transactions he has given to the public. If we were to judge of his years by the amount of work he has done, he ought to be a gray-haired old veteran instead of a rosy-cheeked, smooth-faced and cheery man of less than fifty. A friend said to us the other day, that Dr. Paine had married two wives—one according to the flesh, and the other, Homœopathy. If he has only proved as faithful and loving a husband to his wife according to the flesh, as he has to Homœopathy, she has certainly nothing of which to complain.

In addition to the above from various publishing houses, we have works on different specialities of medicine and surgery, of greater or less excellence. Among the number, we may mention "Byford's Theory and Practice of Obstetrics;" "Manual of Histology," by Dr. Stricker, of Vienna; "Skin Diseases," by Tilbury Fox; "Treatise on the Diseases of the Ear," by St. John Roosa; "Mechanism of the Ossicles of the Ear and Membrana Tympani," by Helmholtz; "Handbook of Legal Chemistry," by Naguet; "Stellwag on the Eye;" "Microscope and Microscopic Technology," by Heinrich Frey; "Clinical Researches in Electro-Surgery," by A. D. Rockwell; "Mechanical Treatment of Diseases of the Hip Joint," by Dr. Taylor; "Manual of Midwifery," by Schroeder; "Ovarian Tumors," by Dr. Peasler and Dr. Atlee; Markoe on "Diseases of the Bones;" Clinical Lectures on "Diseases of the Nervous System," by Dr. Hammond.

On the whole, the record of medical literature compares favorably with any previous year. The works are of a more practical character, and give evidence of careful research and a wide range of information. It is to the researches of the future, however, that our profession is to look for its greatest triumphs. It is still far behind what it would be if its immense capacities and great strength were not too much frittered away in comparatively unimportant matters. The microscope and spectroscope are upsetting many of the old ideas, and the knowledge we are slowly ob-

taining of magnetic forces points the way to the solution of the all-important question of *the law and cause of epidemics.* When in the light of the future that question is solved, and the subtle influences flowing from planet to planet, and pervading all nature, are better understood, we may have it in our power to guard against those wasting epidemics which have so thickly planted the earth with graves.

A LAY SERMON ON CHURCH WORK.

Were every Christian church an organized benevolent society, what an immense amount of practical good might be accomplished. In every congregation there exists a vast power that is unused—talent useless to the possessor and to all others, hoarded up and hidden away, on the principle that the Lord is a hard man, reaping where he has not sown and gathering where he has not strewed. When we reflect that our religion, as Christ preached it and lived it, is not a mere formal belief, but comprehends an active, charitable work as one of its essential features, we must acknowledge that wherever we have a Christian church we have a body of persons pledged by their faith to visit and relieve the hungry or athirst, the stranger, the poor, the sick, and the prisoner; because, in ministering to every such case of need, no matter how vile the suffering wretch may be, the Christian remembers the words of the Lord, how he said, "Verily, I say unto you, inasmuch as ye have done it unto one of the least of these, my brethren, ye have done it unto me."

"Charity," says Chateaubriand—"an exclusively Christian virtue, unknown to the ancients—originated in Jesus Christ. It was this virtue that principally distinguished him from the rest of mankind, and was in him the seal of the regeneration of human nature. By charity it was that the apostles, after the example of their divine Master, so rapidly won the hearts of their fellowmen, and so irresistibly carried conviction home to their bosoms." It is acknowledged that the Christian church of to-day has lost, to a great degree, that spirit of personal devotion to its interest that characterized the early Christians. But there can be no question that in our present church organizations we possess facilities for accomplishing good a thousand-fold greater than ever existed in the primitive times. In every congregation there is a representation of learning, financial ability, and business energy, that is capable of making a practical success of any undertaking which elicits personal attention and interest. Unfortunately, nothing excites personal attention or interest in the present state of our religion, unless it relates to us directly. Although we have been instructed from infancy in all that pertains to religion, we build a magnificent church and hire the most talented preacher, with all the costly accessories, in order that on Sundays we may be taught what we already know. Do we place our money where it will do the most good? When we think that the teachings, that are mere repetitions to us, would be new to those men and women in rags and tatters, who never come and are never expected in our church, and yet who live within sight of it, is not our piety rather extravagant? Could not the money be made to do more good in a plainer way?

We are all sound enough on matters of faith, and the practical point of all this is, that the large amount of money and the small amount of energy annually expended by our congregations is mainly devoted to doctrinal matters, to the education of other people into our own cold and selfish form of religion; while, on the other hand, no effort is made to use the organized talent of our churches in the active and personal works of Christian charity. We turn over to the Commissioners of Charity our sick poor, or we send them to institutions founded by private munificence or supported by the personal efforts of a few individuals. It is a disgrace to Christians that this is so. As Christians we have no right to turn over to other hands the performance of a religious duty as sacred as our very faith.

As we look upon the magnificent structures, costing hundreds of thousands, that afford places of worship to a very small part of our vast population, we are proud to think that these splendid edifices are so many tokens of our devotion and reverence; but, when we consider that every sick and suffering pauper is also a temple, neglected and despised, and that these living temples are falling into ruin for want of the money and ability that is expended in brick and stone, we must believe that there is something unhealthy in our religious growth. There is a want of symmetry—the head has grown enormously, but the heart has dwindled away, and its pulsations are intermittent.

We do not propose to sit in judgment upon religion, but in church work we believe that charity

is practically discarded as a virtue pertaining exclusively to the city and state. It would be impossible to compute the amount of money annually contributed by the congregations of this city to religious societies, which accomplish no practical good at all commensurate with the support they receive. Where the money goes to is a matter of no personal interest to one in a thousand of the contributors. Reckless giving is no charity. In contrast with the use to which money is ordinarily put by church organizations, let us examine briefly the details of a single dispensary—the Western Homœopathic Dispensary. Located on the west side of the city—in the midst of a vast tenement population—it has been ministering to the necessities of the sick poor for five or six years past. The charitable work performed by this institution is immense. Its rooms are constantly crowded with those who need medical aid, and those who are too sick to come are visited at their lodgings. Medicines and the most careful attendance are given away without charge. This charitable work has been steadily extending, until now this dispensary is treating at the rate of *eighteen thousand patients a year.* And all this work—this immense relief of pain and sickness—costs less than $2,500 a year to carry it on. *The relief of a poor, sick, dispensary patient costs less than fourteen cents!* And yet this dispensary has nothing to support it but the small appropriation of $1,000, and the contributions of its trustees. But we are not making a plea for this dispensary; we merely wish to call attention to this kind of work as church work. If it were entered into it would arouse the personal interest of the mass of the congregation, who now take no such interest in anything pertaining to the church. It would educate the rich in appreciating the necessities of the poor, and show them how to give intelligently. Thus the work of charity would become a benefit to both classes; it would teach the poor to look with respect upon a practical religion, whose influence reaches them in their sickness and poverty; it would form a practical basis for a vast mission work among the poor, to whom the physical benefits would appeal most forcibly in behalf of the religion which does so much good; it would act as a check upon the extravagance of churches, by demonstrating how much good can be done with a small amount of money. They would realize that the salary paid to a single soprano singer in a fashionable church choir would, if expended in this work, provide for the medical care of over *thirty thousand sick poor*, and other facts would suggest themselves so forcibly as to make them question whether "the Lord loveth a cheerful giver" who gives to himself and not to the poor.

Are the churches so well satisfied with the work already accomplished—are they so well convinced that no fields of labor are so rich as their routine works of piety, that they can afford to neglect this opportunity? This work now brings no credit to the cause of Christ, except as being an illustration of the old parable of the Good Samaritan—in which the church appears as the Levite.

Our sermon is preached. We reserve our benediction for those who will accept it as a suggestion to be carefully considered and inquired into.

TO THE POINT.

At the December meeting of the Albany Co. Medical Society, the following resolutions were adopted:—

WHEREAS, Dr. T. S. Verdi, a graduate in medicine, holding diplomas from various medical colleges, and a practitioner in good and regular standing, has been duly appointed a member of the Board of Health of the District of Columbia by the President of the United States, and confirmed by the Senate of the United States; and—

WHEREAS, Dr. Verdi, in the performance of said official functions, has exhibited, in his recent mission to European cities, unusual ability; and has been proposed for a member of the American Sanitary Association; and—

WHEREAS, Said association, at its annual convention held in New York from the 12th to the 15th of November, 1873, declined to elect Dr. Verdi a member for no cause except adherence to homœopathy in his private medical practice; therefore—

Resolved, That the American Health Association, in refusing membership to two officers of the Board of Health of the District of Columbia, appointed thereto by the President, and confirmed by the Senate of the United States, as proposed by Dr. Cox, President of said Board of Health, has by that act subverted the very object of that organization, viz: the advancement of sanitary reform for the benefit of the people.

Resolved, That Drs. T. S. Verdi and D. W. Bliss, being both Federal officers, exercising the prerogatives of their office for the people of the District of Columbia, the proscription from the Public Health Association is an insult to the President of the United States, the Governor and people of the District of Columbia.

Resolved, That this Society, as the representative of a large and respectable class of scientific medical practitioners, repels the insult offered to the school of medicine to which it adheres, and calls upon all just and fair men to condemn the course of this association.

Resolved, That the Homœopathic Medical Society of Albany County tenders its thanks to Dr. C. C. Cox for his manly defence of the rights of men before the American Public Health Association, and for his scathing denunciation of partisanship and sectarianism.

Dr. Vanderpoel is the Health Officer of this port, and was, as a member of the executive board of the Health Association, most active in this contemptible work of proscription. His term of office expires this month, and he is an earnest applicant for a re-appointment. A petition to Gov. Dix has been extensively signed, setting forth that a man showing such bigotry and illiberality is unfit for any position of public trust. This petition, coming from a large and influential body of citizens, must have great weight with the Governor; and if the Doctor finds himself out in the cold, he will have only his own folly to blame.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

As will be seen by the official notice of the Secretary, in another column, the State Medical Society will hold its next Annual Meeting at Albany on the 10th and 11th of February. We heartily wish that every physician of our school in the State would make a little extra exertion to be present, and take an active, earnest part in the deliberations. This meeting together of brethren working in the same broad field, and all zealous for the advancement of truth, for the widening and deepening of that broad stream of medical reform which has done so much for humanity, might be made one of the most interesting and pleasurable events of the year. Old friendships could be kept bright, and new ones formed; the young men of the profession, full of the enthusiasm of youth and fresh from their studies among books, and hospitals, and men, could meet with those who had been longer in the ranks, and who had been able to test the instructions received from books and hospitals by the bedside. While they drank in the lessons of experience from those who had already gained a position in the ranks, they, on their part, could communicate many new facts which they had gleaned from the more recent researches of the great army of self-denying workers in the various fields of scientific work. More than this, they could bring a freshness of thought and that warm enthusiasm with which we enter upon our profession, which would electrify hearts chilled and soured by daily toil—not always the most pleasant—startle them out of the rut in which they have been running, and make them feel fresher and stronger for their work. If there were more social life among us, more free and cheerful interchange of thought and feeling, more frank and manly discussion of subjects of real practical use, our profession would be vastly strengthened and our power of doing good immensely increased.

At the next annual meeting will be a good time to start off fresh, and while we mark out a broad plan of work for the year, each individual will labor with a stronger will and more energy from a memory of the cheering words, the warm and unselfish hearts, and the good time generally at the Annual Meeting.

THERE were 514 deaths in San Francisco from consumption during the past year.

DEATH OF PROF. AGAZZIS.

A notable death has occurred in the scientific world since our last issue. Prof. Louis Agazzis, a Swiss by birth and an American by adoption, died of paralysis during the past month at his home in Cambridge, Massachusetts.

Nothing that we might write could add to the high esteem in which this great scientist and philanthropist has for many years been held throughout the civilized world. His virtues and his fame are written in deeds more lasting than destructible marble or crumbling monument. Deep down in the ocean's bed, and high up on the mountain's top,—in the wild jungles of the torrid Amazon, and the dreary steppes of the frozen North—wherever Nature held an unrevealed secret, or Science an undeveloped problem, there he has inscribed in works his own best eulogy. His life was eminently unselfish. He lived and labored for the good of his fellow-man, utterly ignoring wealth, rank, honors (except such as the world accords to the great and good), comfort and health itself, in his efforts to elevate the intellectual standard of the age. When the life of Prof. Agazzis shall be written, one of its brightest pages will comprise the fact that whilst monarchs bowed low to him, and offered him title and wealth for the honor of enrolling him among their nobility, their allurements proved no temptation to his convictions of right and duty, and he died as he had lived—a Republican citizen, and poor. The world is wiser and better for his having lived; and the earth holds to-day a treasure that humanity could ill afford to lose.

"Death, ere thou hast slain another,
Great and good, and learned as he,
Time shall fling a dart at thee."

TO OUR FRIENDS.

We would esteem it a great favor if our friends throughout the country would send to THE MEDICAL UNION any items of interest to the profession, which may come under their observation. There need be no occasion for a lengthy letter; the simple statement of a fact, though it should occupy no more than half a dozen lines of space, might interest scores of readers, and in many cases be of real benefit. We especially desire information of the death of any member of the profession—not necessarily an eulogy or past history of the deceased, but a mere mention of the occurrence, to be placed under the obituary head. Will our friends bear this matter in mind, and have the kindness to act upon the suggestion?

THE VAGARIES OF A SICK MAN.

TWO WEEKS ON THE RIVER RUNNING BY "THE LAND OF THE LIVING AND THE LAND OF THE DEAD."

My disease was malignant erysipelas. The torture of the early stage was succeeded for a time by a sort of semi-consciousness, and that, as the system come more under the influence of the poison, by a complete oblivion.

My first recollection was being taken up as on the wings of the wind, surrounded by a halo of mist through which my vision failed to penetrate. On, on, on I sped, unconscious of the way or whither my destination. At length I felt the motion gradually subsiding, till I found myself standing beside a river, broad and deep; its waters were black as night—its motion as constant as time. The mist had cleared away as the morning lifts the mantle of night, and my sight opened to me. Before me, at the water's edge, was moored a singular-shaped craft—its sides astern were square, only the prow turned up, that one could tell whither its purpose. A row of seats was on either side, of the most sumptuous character, and tempting to the weary beyond measure. How much I longed to recline upon such a couch and rest my weary self! At the stern sat an aged man, whose face beamed with heavenly smiles; his voice was as the flute—so sweet, so soft.

"Your look is weary; will you recline upon my couch and rest thyself?" said he.

"Yes," I said; "but," looking off upon a beautiful landscape, which lay at our left, "where am I? What land is this I see?"

With a happy smile, which came as the sun cometh at the rosy morn—"That is the land of the living."

Turning my eyes to the right—"What," said I, "are those rocks piled mountain high—so black, so rough, so cold?"

The old man looked up—the smile was gone. As the cloud obscures the sun, so did sadness picture his face, as he replied, "That is the land of the dead;" and in his hands he buried his face and wept.

Unconsciously I found myself seated beside the reverend sire. He extended his hand of welcome. "Rest ye," said he; and I heard no more.

Sleep overcame me—I know not how long; but waking, I found myself alone. The boat was drifting down, down, down—slowly, but surely—sailless, oarless, rudderless. I was at the mercy of the deep. I did not forget what had been said to me, of "the land of the living and the land of the dead." The former now stretched far away to my left, over valley and moor. I could hear in the distance the lowing herd, the bleating flock, the carol of the birds in the flowery trees—even the song of the milk-maid as she drove the kine from their dewy bed. The fragrance of flowers and vine the wind wafted to me in pure loveliness. All nature in the distance seemed alive and joyous in the morning light. As I turned, my eyes fell upon a scene—so changed:—"ah! the land of the dead!" Cragged rocks heaped far away and over to the horizon. Great yellow streaks marked their sides, and far, far up, little seams sent forth puffs of yellow and green smoke, curling away into the eternity of blue.

The boat was continually floating me down—down—down—and, as I thought, more swiftly. Soon my ear caught a sound as if of distant thunder. What, thought I, can this be a storm? Now the waters began to ripple--before so smooth; now to show signs of tumult. The roar grew louder and louder—the ripples were waves. I could see the rocks in the distance—the white foaming billow. Can this be death?

As rushing faster and faster my little bark flew on, unconsciously I called, "Help—help—help—the rocks—see them!" Five minutes—four—and we are dashed upon them! three minutes—two—one—down—down—down we go! I hold my breath; I clench the rudderless boat; my last prayer is said. "Do you see it—do you see it—that form upon the water?" My eyes start; my blood chills; my limbs are numb. I feel that I am saved! Now I see the hand extended to me; the form is shrouded in mist—no feature is visible. As my boat is taking its last lurch for the final leap, the hand reaches out, takes by the prow my rudderless craft, and shoots us far up into the calm water. Saved—saved—*saved!*

That hand was gone; no signs, no word to tell whither it went or from whence it came. The figure I knew to be a man, of good stature and comely form; the hands were soft and white; the touch was gentle as that of a child. Was it the Saviour walking on the water?

Exhausted, I lay me down. A deep sleep came over me; how long, I know not. Waking, the sound of rushing, roaring waters, was no longer to be heard. I was in mid-river—the current steady, but strong. The green fields still greeted my eyes at the left, the black and craggy rocks still on the right. Quietly, peacefully, I ride—half sleeping, half waking. But *hark!* I hear again a rumble; now a roar as of a torrent! Am I *this* time to be dashed upon the rocks? Will the same invisible form save me? Again I hear it! No—it is the roar of the railroad train as on it comes. But whither and from whence? Ah! now I see; it comes in mid-air, as steady and sure as if upon its iron bed. What a strange sight. The car is coverless, but sumptuously seated. Around it I see crowded, men and women, old and young. Laughing and happy they come. The glass goes joyously round. As they approach the river, they spy me, and insist that I shall join their number. The sight chills my blood. They approach nearer and nearer! Ready to despair, I

hear a ripple on the water; I look, and joy of joys—the same hand and misted form is at the prow. One bold push, and I am saved from the revelers. How I strained my eyes to penetrate that filmy cloud. I could make out the form of a man, as before—a countenance beaming with kindness and love. Heaven's artillery breaks upon me, as shout after shout of wailing and horror rend my ear. As I look to the rock-bound shore, open wide and deep, a chasm yawned—smoke and vapor issued forth. The train, so heavily laden, halted. Death is seen upon the topmost peak. With uplifted hands he spake: "Think ye mortals can ever drink of my wine, waste my gold and make merry? know ye not the day of reckoning must come? *Enter*, thou living freight, to the joy of my mansion." The train moves on—the faces pale and haggard now—the smoke closes around them, the chasm is closed, and quiet reigns.

My boat is again in mid-stream; I recline upon the soft and luxurious seats, and sleep comes over me as night closes over the day. How long I slept, or how far, I know not; but what a charming view broke upon my sight, as lazily my eyes opened to the day. On the right, where before had stood, impregnable, the rock-bound coast, all is changed to loveliest landscape. Stretching far, far away, gardens of most charming luxuriance, of fruits and flowers, of vine and lawn, dotted with placid lakes, the green verdure running quite down to their watery beds. Boats noiselessly moved about, laden with little children, who busied themselves with plucking the lily cups, and making merry as they went. How strange, I see no laborers in garden or field. Can this be the "Heavenly rest?" I said. As I gazed upon these little ones, I wondered—"Of such is the kingdom of Heaven?"

While yet I sat wondering and looking, the sound of childish song broke upon my ear, and looking far over "the land of the living," I spied, as it were, cars floating in the air, laden with "mothers' lost treasures." These were full of little ones, robed in white; merry songs and smiling faces. As they approached the river, the train sank quite down to the water's edge, and moved by my side. "My sweet pets, from whence comest thou, and whither goest?" said I.

"We come from the land of sin and sorrow; to the happy home beyond the river we go. The good Father calls—come, join our happy band." From over the deep came a voice, "Not yet!" I looked, and the hand was on my prow; the child-laden car had passed away, and I was left to wonder why. The hand still rested on my boat, as she moved towards "the land of the living," and I was safely moored upon the welcome shore.

The form stood but a moment; a smile shone through the mist. "*Saved*," I heard from out the cloud, and all was still. The cloud and shadow lifted, the coming breeze wafted them heavenward, the song of angels died upon my ear, and I was alone.

Slowly came back a sense of consciousness. Wife and child and friends were around me. Out of the dark night through which I had passed came back only the scenes I have narrated, but so indelibly impressed upon my mind as never to be effaced.

Correspondence.

STATE HOMŒOPATHIC ASYLUM FOR THE INSANE,
MIDDLETOWN, December 15, 1874.

Editors Medical Union:

In my last letter to THE MEDICAL UNION, published in your November number, I find that I inadvertently missed an opportunity to do justice to our landscape gardener. "Honor to whom honor is due," being my desire in all things, I take pleasure in saying that the excellent system of drainage and of roadways which has been initiated, and in which we have progressed as far as our present means will allow, is the work of Mr. James Mills, C. E., of this town, whose admirable designs for the improvement and ornamentation of our grounds, if carried out—as I trust they will be—will prove a credit to the asylum and to himself.

To Mr. Mills, also, is due the original suggestion of a life-size statue of Hahneman, as a central ornament to the drive in front of the buildings. I am glad to find my mention of this statue in the letter referred to has been so handsomely approved by yourself and other medical gentlemen. We will hope to see it, through the liberality of homœopathists, an accomplished fact.

I am already receiving some responses to my suggestions; and, like Oliver Twist, I feel as if I "could not have too much of a good thing."

Yours very respectfully,

H. R. STILES.

Transactions of Societies.

ANNUAL MEETING OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-third annual session of the New York State Homœopathic Medical Society will be held in the City Hall, at Albany, Tuesday and Wednesday, February 10th and 11th, 1874. The annual address will be delivered by T. F. Allen, M. D., of New York City.

Delegates from the several County Societies are specially requested to be in attendance.

Full reports are expected from the Bureaus. Special notice of subjects will be announced hereafter.

FRANK L. VINCENT,
Recording Secretary.

Reviews of Books.

A Practical Treatise on the Diseases of the Ear, Including the Anatomy of the Organ. By D. B. St. John Roosa, M. A., M. D., Professor of Diseases of the Eye and Ear, in the University of the City of New York; Surgeon to the Manhattan Eye and Ear Hospital, etc., etc. William Wood & Co., New York.

Dr. Roosa may justly be said to be the pioneer aurist of this country, as he has, perhaps, done more than any one else in America to arouse the profession to realize the importance of the branch of otology in medicine. Since the author first entered upon his professional career, he has earnestly labored to develop general professional interest in the diagnosis and treatment of the diseases of the ear; but it was so generally the opinion, a decade since, that "diseased ears were not to be meddled with," that he had then but little faith in seeing, during the present generation, any fruits result from his labors. Although such apathy then existed that the practice of otology was almost exclusively confined to charlatans, the presentation to the profession of a translation of Von Troltsch, initiated such general interest in this branch of medicine, that to-day otology takes almost equal rank with ophthalmology, and in every city may be found scientific men who are constantly and successfully treating diseases of the ear.

In presenting this book to the profession, Dr. Roosa has given us the first exhaustive treatise on otology written by an American physician.

He divides his subject into four divisions: giving in part first an introductory sketch, and treating of the external ear; part second he devotes to the middle ear; and part third to the internal ear; while in part four he adds a chapter on deaf muteism and hearing trumpets.

Hundreds, and perhaps thousands of volumes have been written upon the diseases of the ear, from the time of Hippocrates to our day; yet until the time of Valsalva, in the seventeenth century, they were treated purely empirically, and it was left to our generation to develop this department of medicine into its present scientific condition.

As late as 1853, Wilde, the great reformer of this science, wrote that the affections of the ear, whether functional or organic, are spoken of, lectured on, written of, and described (even in great part to the present day), not according to the laws of pathology, which regulate other diseases, but by a single symptom—that of deafness. As we follow the writer through the details of the long and painful story, of the gropings in the dark by our forefathers, and the crude and empirical views which characterized their teachings, it is pleasant to realize that we are living in an age of progress; that we are not envcloped in the blinding clouds of the superstition and the ignorance of the past centuries, but in the sunshine of science; and that we are beginning to comprehend nature and her laws of action.

The strong arm of the church, in the dark ages, prevented anatomical investigations on the human cadaver, and for hundreds of years anatomical knowledge remained at a stand-still. Hippocrates knew but little of the anatomy of the ear, and Galen does not seem to have made any great advance in anatomical studies; and the writer says—"the darkness of the blind leading the blind is scarcely broken for thirteen hundred years."

The progress of otology is sketched in the opening chapter, from 460, B. C., to the present time, and graphically shows the obstacles which, until twenty years ago, have prevented a satisfactory progress of the science.

The anatomy of the auricle and the external auditory canal is described in a very simple and lucid manner in chapter second. This portion will commend itself to the general reader for its conciseness and the profuse illustrations, which do much to relieve the tediousness of ordinary anatomical dissertations.

In opening the chapter on the examination of aurial patients, he tersely remarks, that "it is a self-evident proposition, that in order to intelligently treat any disease, we must carefully and thoroughly examine the parts involved." In gathering the history, he employs Prout's method of registering the hearing power, viz: of considering it as a fraction, the numerator of which is the distance at which the particular sound is heard, and the denominator the distance at which it should be heard by an ear of good average hearing power.

The value of the tuning-fork as an aid in diagnosis is quite extensively discussed, and the theories in regard to the increase in the intensity of its sound in some diseases of the ear, are given as severally explained by Weber, Maeh, Politzer, Erhard, and Lucae. The method of examining the membrana tympani, throat, eustachian tube, and the posterior nares is very well given, although Kramer and Gruber explain with more mathematical preciseness the manner of introducing the eustachian catheter. He prefers the catheter to be of silver, as also the specula, and not of rubber, as are used by Politzer and Gruber.

In the chapter on diseases of the auricle, he discusses othæmatomata quite extensively. He divides them into two varieties, according to their origin—traumatic and idiopathic. He considers that they are distinct diseases,—the former differing from the latter in being a simple extravasation of blood from vessels ruptured by violence. He quotes several authors to show the frequent coincidence of the idopathic variety with insanity, and says: "It is probable, from Brown-Sequard's experiments, that the affection is caused by some lesion of the base of the brain; so that, although persons suffering from vascular tumor of the ear, may not always be insane, they generally have brain disease."

In the consideration of eczema of the auricle, he gives the observation of Ausspitz, that it differs from the same disease as it appears in other parts of the body, in occurring with a greater amount of swelling and secretion of a serous fluid than is usual, together with the more frequent appearance of fissures in the tissues, and follows his advice by treating it by the application of powders.

In the chapter on diffuse inflammation of the external auditory canal, we are glad to find that the author particularizes upon the frequent causes as to its origin. There cannot be too much said against the instillation into the ear of such agents as Harlem and camphorated oils, and the reckless use of ear picks, hair-pins, and aurilaves, as they are the most frequent excitants of this painful affection. Clark's aural douch is commended very highly, and very properly too, as it is not generally known among the profession. In the chronic form much stress is laid upon the necessity of thoroughly cleansing the diseased portions one or more times daily, as he considers it more essential than the astringent applications.

Parasitic inflammation receives an extended notice, and is well illustrated with beautiful plates, which very accurately show the appearances manifested in the principal varieties of this disease. He deseribes four varieties: the aspergillus, flavus, glaucus and nigricans; the penicillium glaucum; the graphium penicilloides; and the tricothecium roseum.

The description of the anatomy of the middle ear is simple and concise, and contains all the latest investigations upon this part. The author quotes largely from Hyrtl, Henle, Kessel, Politzer, and Rudinger in this chapter, and it is profusely illustrated from the works of Henle and Rudinger.

The writer does not believe in an independent or primary myringitis, or inflammation of the drum membrane, such as is delineated with theoretical minuteness by some writers on otology. "The anatomical structure of a membrane that has but one layer of tissue peculiar to itself, and that in its center, but which is a direct, uninterrupted continuation of the adjacent parts, precludes the idea of an inflammation that occurs primarily in this part."

Rupture of the drum-head, according to the writer's experience, does not arise from concussions so frequently as is generally supposed. "During the heavy fighting of our civil war, infantry soldiers in the trenches were in the habit of lying down while the artillery fired over their heads; and yet, as I have found by inquiry, rupture of the membrana tympani was scarcely heard of." Gruber investigated this subject very thoroughly, and arrived at the same conclusions. His experiments on the cadaver show that the re-

sisting power of the membrana tympani is very great, and much greater in man than in the other animals.

The effects of compressed air upon the drum-head are alluded to, as observed by Dr. Andrew H. Smith, Dr. John Green, and Dr. A. Magnus, and are exceedingly interesting.

The author classifies the inflammations of the middle ear as: *a*, the acute catarrhal; *b*, the sub-acute catarrhal; *c*, the chronic non-suppurative, which is divided into two forms—catarrhal and proliferous; *d*, the acute suppurative; *e*, the chronic suppurative, and their consequences. In speaking of the acute variety, he alludes to the erroneous conclusions which may be drawn from the statistics of authors as to its frequency; and adds that it is probable but few of the human family have not suffered at some time from earache which arises from this form of inflammation. The symptoms are classified and tabulated, so that they may be easily learned.

The chronic variety he divides, according to Gruber, into two distinct forms—the catarrhal and the proliferous. The pathology of the latter, as given by Gruber, is: that "from some cause or other there is first a great hyperæmia, with distension of the membrane, and in part the new formation of blood vessels, and increase of the intercellular fluid. The connective-tissue corpuscles are increased. The tissue of the inflamed mucous membrane is less moist than in the catarrhal form. The new formations, or new elementary formations, go on to a higher development. The most various adhesions may occur, or a soft connective substance, which is either evenly spread over the whole portion that was originally inflamed—and thus leads to hypertrophy of the mucous membrane—or it may go on to granular formation. Many of these new formations may also undergo regressive metamorphosis; they may undergo molecular disintegration, become fatty, and be absorbed." This variety is described quite fully, as in the treatment "much attention must be given to the naso-phargageal space in the catarrhal form, while in the other we need to pay very little to it."

In the description of the treatment he very justly takes occasion to warn against Thudichum's nasal douche, as he considers it a dangerous appliance, and gives a case of otitis media purulenta and pyæmia arising from its use. He also appends a table of reported cases where severe injury has been done to the ear with it. He relies principally upon the use of the naso-pharyngeal syringe, the catheter, and Politzer's method, and the injection of air and steam; air, he places first, regarding it as the most important of the agents to be employed in the treatment of the eustachian tube. Among the vapors he attaches most importance to that of water—steam; the use of which was revived first in this country by the author. He alludes to the injections of fluid into the tympanic cavity, as performed by various authors, and admits that they may have a decided effect upon the lining membrane of the part, but does not commit himself to the recommendation of their use. Plates of Pomeroy's faucial catheter and Hackley's eustachian catheter are given, and their manner of use elaborately described. Weber's apparatus—the pharmaco-koniantron—and the introduction of bougies, are also referred to in this chapter.

The operations upon and through the membrana tympani, are exhaustively reviewed, and a historical sketch is given, presenting all the various methods of operating up to the present day. A graphic description is given of the brilliant results from paracentesis, obtained at first by Sir Astley Cooper, and how people, suffering from deafness, flocked to him from every part of Europe, and then of the rapid subsidence of the enthusiasm, and the final withdrawal of Sir Astley from aural practice. The reports of the cures first made by Sir Astley created intense excitement among the French and German surgeons, and after the publication of Hunold's marvellous results—wherein he claimed to have cured or improved seventy cases out of a hundred—perforation of the membrana tympani became the fashion, and every one, says Schwartze, who did not have the finest hearing allowed the drum-heads of the ear to be pierced. But the indications for its performance were so illy defined, that the operation fell greatly into disrepute until Saunders, and later Schwartze, separating the grain of wheat from the mass of chaff, showed to the profession what class of patients would be benefited by it.

The operation for division of the tensor tympani muscle, as first performed by Weber, of Berlin, and afterwards by Gruber and Orne Green, together with the indications for its performance, are fully described. The division of the posterior pocket, or fold of the membrana tympani, by Lucae, of Berlin, and by Politzer, and the separation of the adhesions between the drum-head and the promontory, receive mention.

The chapters on acute and chronic suppurative inflammation give a lucid idea of these affections. Much stress is laid upon the importance of the frequent and thorough cleansing of the ear in the chronic variety, as he considers it more necessary for the establishment of curative action than the use of astringent washes. Aural polypi are divided into four classes by the author, viz: mucous polypi, fibromata, myxomata, and angioma. This chapter is abundantly illustrated with drawings, showing the pathological formation of the different varieties.

He also alludes here to the invention of the middle ear mirror, by Dr. Blake, for the purpose of examining cases of suppurative inflammation of the middle ear more accurately than can be done with the aural speculum.

The chapter on diseases of the mastoid is exhaustive, and typical cases are reported illustrating the inflammation of the periostrum, caries, and chronic suppuration.

The anatomy of the internal ear is lucidly written, and very beautifully illustrated. Among the diseases of the internal ear, allusion is made to Meniere's disease, and the deafness arising from cerebro-spinal meningitis.

Part IV. is devoted to the subject of deaf-muteism. From observations made by the author in schools for deaf-muteism at Hartford, Conn., and in this city, he concludes that about sixty-one per cent. only of these cases were probably congenital, and thirty-nine per cent. were acquired. Wilde's statistics show that about fifty per cent. are acquired. The author speaks of the lack of proper medical attention of these poor unfortunates in our asylums, and considers the neglect of the care of the ulcerated membrana tympani, and the swollen throats of many of the deaf mutes, as a lingering relic of the barbarism of the past centuries. "These schools," he says, "are not hospitals, it is true; but there is always in them quite a large proportion of young patients who still suffer from a disease which, although it has fully destroyed the hearing, is not yet stayed, and which often goes on to destroy life."

The importance of this branch of our art is illustrated by the author in the following paragraph: "According to the census of 1870, there were in the United States sixteen thousand two hundred and five deaf mutes; of these we may believe that fifty per cent. belong to the acquired cases. How many of these belong to what may fairly be called preventable diseases, it would not be possible to say; but certain it is, that if diseases of the ear had always rejoiced in the same attentive treatment as many of the less essential parts of the body have received, the number of these unfortunate mutes would have been greatly lessened."

Want of space forbids the pleasure of further commenting upon this interesting book. It is an eminently practical work, and every branch of the subject well illustrated with reports of such cases as any one may be liable to meet with in the routine of daily practice. It commends itself to the busy practitioner as being less voluminous than many of the foreign works, and as containing a resume of all of the latest investigations in otology. For the student, its excellent classification of diseases and their symptoms, and its simplicity of style, as well as its completeness, will worthily commend it as a text-book. Our readers we know will thank us for having brought this truly valuable work to their attention.

As a teacher, Dr. Roosa enjoys, perhaps, unrivalled popularity; and as an author, this work shows him to be no less an able writer than agreeable lecturer. We are sure that from its practicability it supplies a want in medical literature; and we wish that every practitioner throughout the country might realize the importance of the lesson that the author earnestly endeavors to teach in this work: that in following the traditions of the past, in "not meddling with the ear," evil consequences are often invited, which not infrequently terminate in death. The book is elegantly printed, and profusely illustrated with wood engravings and chromo-lithographs, and will form a handsome, as well as valuable addition to every physician's library.

Scientific Gleanings.

Case of Retention Followed by Suppression of Urine, lasting Seven Days.—Dr. S. L. Knaggs relates (*Dublin Journal Medical Science*) a case of this, and remarks: "This case is remarkable, from the fact that the patient—a broken-down, debilitated subject—survived seven days without passing a drop of water from his urinary bladder, and ultimately recovered. It possesses a further interest, from the fact that Nature came to the rescue of the physician, and indicated a rational procedure in the treatment. The gastro-intestinal tract and the skin took on vicarious action, as was indicated by the copious watery vomitings and profuse prespirations, exhaling a peculiar urinous odor. These organs—stomach, intestines and skin—voluntarily gave their assistance to the kidneys and performed their functions, while their (the kidneys') portals were stopped, and thus relieved the blood of urea and such effete products as would have accumulated in the system, and have literally poisoned the patient.

Evacuation of a Portion of Bowel.—The above case occurred in the wards of Dr. Demarguay, at the *Hospice Municipal.* A boy of fifteen was taken with a violent fit of vomiting, colic, and diarrhœa, after eating some sugar plums painted in red, green, and blue. The stomach was tense and swollen, and six worms, together with three bits of a fleshy substance like boiled liver, were thrown up. Twenty other worms were afterwards successively vomited. On the fifteenth day the patient evacuated a piece of thickish, slimy membrane, about an inch broad and twenty inches long, into which the finger could be introduced like a glove. After this the boy went on lingering, with frequent attacks of diarrhœa, and though the appetite was good, he gradually lost flesh. The attacks were doubtless occasioned by the fæcal mass reaching the retracted portion of the soldered bowel. The patient died, but notwithstanding it was desired, a post mortem was not allowed to be performed.

Prodomic Stage of Chorea.—In a paper published by Dr. Schmidt, in Memoradelien (3 Heft, 1873), the author insists on the painful point felt somewhere along the spine, and which was always manifest in the numerous cases he has had under his care. The pain always preceded or accompanied the peculiar instantaneous movements of the body or extremities which characterize the disease. Dr. Schmidt points out the value of this symptom as supporting the views of those who believe that chorea is a manifestation of alterations in the nervous centres, and especially of irritation of the spinal cord.

Case of Splenotomy.—This case of splenotomy was performed by Dr. Urbindle, of Caesara, and is recorded in the *Osservatore* for July 1st. The incision was made through the mesial line, and measured eighteen centimetres. After having tied three arteries and incised the peritoneum, the spleen spontaneously came in sight. It was free from adhesions, and was readily excised. The epiploon was detached on applying the ligatures. A metallic ligature was put around the large vessels and the cellular tissue which surrounded them. The peritoneum was then wiped dry, and five deep sutures and seven superficial ones were applied. The spleen weighed about two pounds and a half. The operation lasted a little more than an hour. The tumor and its exact seat had been carefully made out before the operation. The results have not yet been published.

News Items.

Mortality in Brooklyn.—The death-rate in Brooklyn last year was equal to 31.8 in each one thousand inhabitants; while in the city of London, with a larger number of poor and a less supply of water, it amounted only to 23.7. The causes for the mortality in Brooklyn are supposed to be defective drainage, neglect in cleaning the streets, and the filling up of building lots with garbage and street-refuse, producing malaria and typhoid fever.

Vital Statistics.—During the week ending January 10th, with a mean temperature of 44.02 degrees, and a rain-fall of 3.92 inches, there were four hundred and eighty-eight deaths. In the corresponding week last year, with a mean temperature of 26 degrees, there were five hundred and eight deaths. According to the old theory, owing to the great moisture and the warmer temperature, this year should have been much more sickly than last; but careful observation is very apt to upset our theories.

Liquor Law.—*The Boston Medical and Surgical Journal* says: "The liquor law at present in force in Massachusetts, has produced nothing but opium-eating, secret drinking, blackmail and state constables."

Dr. Joseph Dalton Hooker, of Kew Gardens, England, the eminent botanist, has been elected to succeed Sir George B. Airy as President of the Royal Society. Dr. H. has published several popular works on the "Flora and Fauna" of the Antarctics and Himalayas—sections of the globe visited by him more than thirty years ago.

San Francisco has been terribly afflicted with Scarletina.

Publisher's Department.

S. J. ALBRIGHT, Publisher.

Office, 93 Liberty Street, New York.

Publisher's Notice.

With the present number the undersigned assumes the publication of THE MEDICAL UNION. In doing so he feels that his labors will be greatly lessened by the good work of his predecessor—Mr. T. C. Hurlburt—by whose well-directed efforts during the past year the UNION has been placed upon its present solid basis. It will be the present publisher's earnest endeavor to successfully prosecute the work so auspiciously commenced; and as observation and experience shall from time to time suggest, to introduce new features and improvements. To this end, and to place and maintain it in the fore-front as standard medical authority and mechanical perfection, labor and outlay will become secondary considerations. The editorial department will remain in charge of the same gentlemen who have so ably filled the position during the year just closed. This fact will be sufficient warrant for the scientific accuracy and literary excellence of whatever may find a place in its pages.

To the friends of advanced medical science throughout the country, appeal is confidently made for that continued aid—professional and financial—which shall enable editors and publishers to make the UNION an established authority and an honor to the school of Homœopathy.

S. J. ALBRIGHT.

The Medical Union Job Office.

THE MEDICAL UNION printing department is prepared to do any and all descriptions of job work that may be entrusted to it, in a manner unexcelled. The type, presses and material are entirely new, and of the latest and best styles which an experienced printer could select from the different founderies in New York and Philadelphia. A specialty will be made of work pertaining to the medical profession, with a view to which much of the material has been selected. The prices will be as low as good work can be furnished at. All orders will be promptly attended to by addressing THE MEDICAL UNION, 93 Liberty Street.

Kidder's Electro-Medical Apparatus.

The American Institute Fair for 1872 presented to Dr. J. P. Kidder a special award for his celebrated Electro-Medical apparatus. The same Fair, for 1873, we notice, has given to him a still higher evidence of their appreciation—the silver medal: proof satisfactory that the Doctor, having taken the lead, means to hold it against all competitors.

Future Date of Issue.

Owing to the difficulties incident to getting an entirely new printing office into operation, aggravated by the good promises but bad performance of the type founder in not furnishing the types when promised, our journal is somewhat behind time for January. After the February number, however, we hope to have each issue in the mail promptly upon the first of the month.

A Distant Subscriber.

Dr. D. W. Plotner, formerly of Ohio, has ordered THE MEDICAL UNION to be forwarded to his address, at Puenta Arenas, Patagonia, South America. We had not supposed that the "mild power" obtained in that distant and unchristian land; but "the world moves," and carries Homœopathy with it to the very extremes of latitude and longitude.

State Line of Steamers to Europe.

The State line of steamers, from this port to Liverpool and Belfast, hold a deservedly high place in the esteem of European tourists. Combining speed with safety, and luxury with comfort, the company float their superb vessels back and forth, from one side of the Atlantic to the other, with the regularity of North River ferry boats. No vessel of the line has ever been lost, and we believe no accident has ever befallen them. See advertisement as to prices, etc.

City Purchases.

The publisher of THE MEDICAL UNION will be pleased to attend to any commission which his friends in the country may assign to him, in the purchase of books, medicines, or scientific apparatus which they may desire from this city. No charge above the regular printed list of tradesmen's prices will be demanded, as the discount given "the trade" by publishers and dealers will compensate him for all time and trouble necessary in making the seleetions.

To Voyagers Southward.

To those of our readers contemplating a voyage southward, either for business, pleasure, or health, we commend Clyde's line of coastwise steamships. In luxurious appointment, careful management, and close attention to wants of passengers, they are in every way worthy of confidence and patronage. To the invalid, escaping from the rigors of a Northern climate, they offer especial inducements. Their advertisement on last page gives dates of sailing to different points.

Back Numbers.

THE MEDICAL UNION for 1873 will be furnished, together with the current volume for 1874, at $5 for both years.

THE MEDICAL UNION

A MONTHLY JOURNAL

Of Medicine, Surgery, and the Collateral Sciences.

EDITORS:

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Original Articles.

THE TREATMENT OF WHITE SWELLING BY IGNIPUNCTURE.

BY JOHN C. MINOR, M. D.

Professor Richet, in his clinics at the Hôtel-Dieu in Paris, has lately demonstrated the efficacy of a new method of treatment in those terrible affections of the joints which are classed together under the general term of "white swelling." It has been found that in some forms of this disease a peculiar application of the actual cautery enables us to obtain better results than by any other method of treatment, and to this new method the term of "Ignipuncture" has been applied.

I may say in the outset, that for the main facts as regards Ignipuncture, I am indebted to Dr. Paul Trapenard's treatise ("L'Ignipuncture, de ses Differentes Emplôis, de son Indication Spéciale dans les Tumeurs Blanches"), which first attracted my attention to the method, and which I now present in a condensed form to those who may not have known of this treatment; for I believe no description of the method has yet found its way into English or American medical journals. With all the facilities we possess it is surprising how long it takes a new and successful method of treatment to reach us from abroad. Dieulafoy's method of pneumatic aspiration was about four years in practice in Paris before it was appreciated by the profession here; Dittel's use of the elastic ligature for the removal of tumors—mentioned in this journal for the first time in America nearly a year ago—will probably be brought before the profession as a novelty two years hence; Guérin's method of dressing wounds by cotton wadding—also mentioned in this journal last year—will be received with favor in a year or two; Ignipuncture is on its way, but when its practical trial here will occur no one can tell.

The cautery used for Ignipuncture consists of four portions — the handle, shaft, bulb, and needle. The handle is of wood, made so as to be easily removed from the cautery, so that while the cauteries are being heated the handle remains cool, and thus one handle answers for any number of cauteries. The shaft is a steel rod of convenient length, one end being made to fit into the metal socket of the handle, where it is firmly held by a spring or lever, the other end terminating in the bulb. The bulb is one-third or one-half an inch in diameter, and its office is to concentrate the heat and hold it in reserve, so that a sufficient quantity can pass into the tissues through the needle. The needle is of platinum, so as not to be acted upon by a high temperature, and is screwed into the bulb. The needles vary in size and length according to the depth and density of the tissues to be operated upon; for the treatment of white swelling they should be about two inches long and an eight of an inch in diameter at the base.

The method of performing Ignipuncture is as follows: For the treatment of white swelling, from six to eight cauteries will be necessary, and before using them it is well to mark with drops of ink the places where the punctures are to be made—around the patella in most cases. Each cautery makes but one puncture. The cauteries are heated in a charcoal furnace, aided by a bellows, until the bulbs are at a white heat. An assistant draws the cauteries from the furnace as they are wanted and hands them to the surgeon, at the same time receiving and returning to the furnace the cautery already used. On receiving the white-hot cautery, the surgeon immediately makes a puncture with it in one of the places previously marked with ink, and instantly withdraws the instrument. The time occupied in making a puncture is less than a second. The puncture must not be to the full extent of the needle, for fear of burning the integument with the bulb, two-thirds the length of the needle is sufficient. As soon as one puncture has been made, that cautery is to be laid aside and a fresh one taken for the next puncture, so

that every puncture is made with a white-hot instrument. After a sufficient number of punctures have been made, the part may be enveloped in wet compresses and treated on general principles. Anæsthetics are not generally required, as the pain is not ordinarily severe, but there is no objection to their use. The pain produced by Ignipuncture is very short-lived, and is generally gone within half an hour.

Ignipuncture has been used successfully in hypertrophic acne of the nose, by which the whole organ was enormously enlarged, and also in hypertrophy of the neck of the uterus, both conditions being associated with, and perhaps dependent upon, a chronic engorgement or congestion of the part. In these conditions the ordinary cautery is of no use, and even worse than useless as a method of treatment. Some gynecologists do use and advise the actual cautery, in the shape of a gas flame, in cases of hypertrophy of the neck of the uterus, but it is a barbarous proceeding, and whether we regard it theoretically or practically is, in either case, atrocious. Ignipuncture, on the contrary, cures these cases by a process which can be readily understood. In the first place, by Ignipuncture the modifying and revulsive action of the ordinary cautery is transferred from the proximate surface of a diseased tissue to its centre. In the second place, we find that wherever the needle cautery is inserted, each puncture results in a little cord of cicatricial tissue, occupying the track of the needle, which possesses the property, inherent in every cicatrix resulting from a burn, of powerful contraction. This internal contraction and compression of the diseased part exercises a modifying action upon the surrounding tissues and a limiting action upon the disease. It is the production of these cicatricial bands, the creation of an artificial cirrhosis, so to speak, that constitutes the peculiar efficacy of Ignipuncture in the cases to which it is applicable. Now as regards the use of this treatment in white swelling, it is only in two forms of the disease, and in certain stages, that Ignipuncture is indicated. It is curative, not by restoring the normal conditions and functions of the part, which are already lost forever, but by hastening and producing the result, which is Nature's cure of the case, namely, an anchylosis, complete or partial. When we speak then of curing a case of white swelling, such as will be presently described, it is to be understood that by a cure we mean a cessation of further progress in the disease and the production of a stiffened joint. No other cure is possible, and the usual alternatives are amputation or death.

In every form of white swelling the disease may be conveniently divided into three distinct stages or degrees. The first stage presents certain symptoms common to all forms of the disease, and in this stage, therefore, a differential diagnosis between the different forms of white swelling is an impossibility. Moreover, the first stage is one in which a perfect recovery, with full use of the joint, is possible, and therefore while the disease is in this period, our efforts for a cure should be mainly dependent on appropriate internal remedies, and on applications to the exterior of the joint. Ignipuncture is never indicated in the first stage of white swelling. In the second stage, the structure of the joint becomes implicated to such a degree that its functions are permanently impaired or totally lost. In some cases the destructive process is due to the formation of adhesions by a fibrinous exudation upon the internal surface of the synorial sac, the pseudo-membranous synovitis of Richet. In other cases there is a serous exudation into all the tissues of the joint, so that they become changed to a jelly-like consistence or colloid form, and undergo a fatty degeneration—the *fungous articuli* of the French and German pathologists. In this form there is a kind of parasitic growth to the fungous tissue. It throws out little rootlets like those of an ivy vine; and wherever these rootlets reach the cartilages we find them destroyed, and as the growth advances to the bone we have a progressive caries occurring which may run its course without the development of a drop of pus—the *caries sicca*—but more commonly follows the usual course, and is called *caries fungosa.*

When the bone begins to be implicated in the disease, by the occurrence of caries or progressive osteitis, we have the third stage of white swelling. Abscesses now develop; hectic fever occurs; and the bones become rapidly and extensively destroyed.

Ignipuncture is indicated in the second of these three stages. In the first stage it will do harm, and in the third it will do no good. Unless the patient's strength and constitution are unusually good, there is no other resource in the last stage of the disease except amputation.

As the second stage, then, is the one to which the treatment by Ignipuncture is peculiarly adapted, we will consider it more particularly. Two forms of white swelling have already been mentioned—the pseudo-membranous synovitis, and the form designated by M. Richet as fungous osteo-synovitis.

In pseudo-membranous synovitis of the second degree, we find the following conditions:

The synovial membrane is thickened, and we sometimes find between it and the fibrous tissues a layer of fatty tissue of whitish appearance. The synovial cavity is traversed by bands which stretch from one wall to the other. These bands are firmly implanted, are penetrated by blood vessels, and present the same appearance as the synovial membrane itself. The synovial surface is unequal, but the inequality is due to a greater thickening at some points than at others of the

fibrinous deposits on its surface, and not from any papillary projections such as occur in the fungous variety. It is to the successive addition of layer after layer of false membranes that the thickening of the synovial sac is due, much more than to any thickening of its own tissue. The most superficial layer—that which has been most recently exuded—is evidently not organized. The deepest layers—the earliest in formation—present, on the contrary, a manifest vitality, and the organization occurs precisely in the same way as in pleuritic or peritoneal adhesions.

What effect does Ignipuncture have on such a condition? Its action upon the false membranes is to hasten the organization of the new deposits, and gradually transform the organized membranes into fibrous tissue. The portions ofthe false membrane which arrive most quickly at the state of perfect fibrous tissue are those on which the needle of the cautery acts by contact, those which it touches. For instance, if we suppose a case of pseudo-membranous synovitis of the knee, which we have punctured all around the patella with the cautery needle, in the track of each puncture we shall have, after a certain time, the formation of a fibrous cord. When these fibrous bands have been formed, they surround the false membranes in a plexus, diminish their vascularity, and thus change their structure into a fibrous tissue. Finally, when the inflammatory products, and the synovial membrane as well, have thus become fibrous, they undergo that law of contraction common to all cicatricial tissues and become agglutinated to each other, to the soft parts, and to the bone. But this is not all. If we ignipuncture an articulation, even after the cartilage has been perforated, the bone is rendered less likely to receive and less apt to nourish any fungous growths; it is, in a certain sense, isolated, and thenceforth is but little impressed by the surrounding conditions. Thus, by placing fibrous partitions between the false membranes and the compact lamina which covers the head of the bone, a limiting action is put in operation.

Although Ignipuncture is of service, even after the destruction of the cartilages, yet when the articulating surface of the bone is not only denuded, but destroyed, Ignipuncture is contra-indicated—amputation is generally necessary.

In the fungous variety of synovitis this method of treatment is also applicable. Not in the first stage, because a perfect cure is possible, and not in the third stage, because even a proximate cure is impossible. In the second stage, therefore, as in the preceding variety, Ignipuncture is to be used. As already described, the effect of this procedure is anchylosis, more or less complete; but in fungous synovitis of the second degree anchylosis is recovery.

In this form of white swelling the synovial membrane is first attacked. It becomes thick and soft, and throws out spongy granulations or tufts, which overlap the cartilages, pushing in wherever there is a vacancy, so that finally the joint is stuffed full with this soft, ædematous mass. The cartilages, the fibrous capsule, and all the surrounding tissues, become infiltrated with this gelatinous substance. Wherever it progresses it is attached to the subjacent structures by little filiform rootlets which enlarge and finally destroy the natural tissues, and thus the disease advances towards the bone, which is attacked and destroyed in the same manner. We have at the same time an abundant deposit of fatty matter. The morbid tissue is permeated by blood vessels, and often enough little abscesses are found scattered through the tissues, as though Nature were making an effort to eliminate the morbid product. The swelling and ædema extend to the skin, the small abscesses break, and fistulæ are formed. It is unnecessary to repeat again the description of the action of Ignipuncture upon this condition. In brief, it evacuates the abscesses by puncture; it drains the ædematous tissues through the fistulæ that it produces; it compresses the blood vessels and arrests the activity of the morbid process by the contraction of these fistulæ into fibrous cords; and by the further contraction of these cicatricial bands it produces a fibrous transformation in the part, and the joint becomes anchylosed.

In conclusion, I give a *resumé* of seventeen cases, reported by Dr. Paul Trapenard as occurring in the service of Professor Richet, in his clinics and at the Hôtel-Dieu.

1.—Colmont (Clement), 18 years, entered the hospital January 28th, 1870. White swelling of the left knee. Ignipuncture on the 8th of May and 17th of July. Left the hospital August 8th. Entered again November 27th. Ignipuncture, December 29th. Left the hospital March 14th, 1872. *Amelioration.*

2.—Constantine (Suzanne), 41 years, entered the hospital September 1st, 1871. White swelling of the right knee. Ignipuncture, September 28th. Dismissed January 3d, 1872. *Recovery by incomplete anchylosis.*

3.—Desbois (Henri), 11 years, entered January 11th. White swelling of the right knee. Ignipuncture, February 3d. Dismissed on the 24th of the same month. *Recovery by incomplete anchylosis.*

4.—Delagroux (Isadore), 53 years, entered November 21st, 1871. White swelling of the elbow, with fore-arm forcibly flexed upon the arm. Ignipuncture, January 5th. Immovable apparatus applied. Dismissed January 13th. *Amelioration.*

5.—Dubois (Louis), 27 years, entered the hospital January 28th, 1872. White swelling of the left knee, which first appeared in November, 1870. Ignipuncture, February 4th (13 needles). Erysipelas on the 22d of February, which disappeared March 20th. Plaster apparatus applied.

Ignipuncture for the second time, May 24th. Dismissed June 17th, with sufficient improvement to permit his walking. The last report (July 17th, 1873), *recovery with incomplete anchylosis.*

6.—Duval (Eugene), 19 years, entered the hospital December 7th, 1872. Fungous white swelling of the right knee, which began in May, 1871. Punctured with Dieulafoy's aspirator, February 8th, 1873. Ignipuncture, March 19th (10 needles). Dismissed June 13th, 1873. *Recovery with incomplete anchylosis.* Reports, on 28th of June, the gait constrained and painful.

7.—Guarano (Antoine), 44 years, entered the hospital January 17th, 1873. White swelling of the right knee, which began in August, 1871. Three operations had been previously performed. The actual cautery—ordinary method, by tracing the surface—October 14th, 1871. Repetition of the same operation, January 22d, 1872, with no benefit. Ignipuncture, June 25th, 1872, with slight benefit. Ignipuncture, January 25th, 1873. Dismissed February 25th. *Recovery, with incomplete anchylosis.* Resumed his occupation as a groom.

8.—Gergaux (Claude), 28 years, entered the hospital January 25th, 1870. Pseudo-membranous synovitis of the left knee. Ignipuncture, March 4th. Dismissed April 25th, 1870. *Perfect recovery without anchylosis.*

9.—Henbert (Aîné), 33 years, entered the hospital December 18th, 1870. White swelling of the right knee. Ignipuncture, January 16th. Dismissed April 25th, 1870. *Recovery with incomplete anchylosis.*

10.—Kamps (Baptiste), 8 years, entered the hospital February 27th, 1872. Fungous synovitis of the knee. Ignipuncture, March 1st. Dismissed April 25th. *Very marked improvement.* The walk, however, was constrained and painful.

11.—Lejeune (Louise), 7 years, entered the hospital July 31st. White swelling, of long standing, of the left knee. Ignipuncture, September 30th. Dismissed November 7th. *Incomplete anchylosis.*

12.—Levrey (Adèle), 10 years, entered the hospital November 27th, 1872. White swelling of the right knee of more than six years' standing. Numerous abscesses in the vicinity of the joint. Ignipuncture, December 14th (7 needles). February 1st, *Recovery by anchylosis.* The position of the anchylosed limb was a bad one, forcible straightening of the part was impossible, and resection of the knee was therefore performed February 11th. Dismissed in June, 1873, perfectly cured.

13.—Lodé (Augustine), 33 years, entered the hospital November 15th, 1869. White swelling of the right knee. Ignipuncture, December 17th, 1869. Repeated January 21st, 1870, and again on the 7th of March. Dismissed July 17th, 1870. *Recovery with complete anchylosis.*

14.—Masle (Hippolyte), 17 years, entered the hospital August 30th, 1871. White swelling of the ankle joint. Ignipuncture, September 2d. Requested his discharge September 12th. *Condition unchanged.*

15.—Marchal (Emile), 32 years, entered the hospital December 9th, 1872. White swelling of the right knee, of rheumatic origin (?) which had existed since December, 1870, and had undergone various treatments without benefit. Ignipuncture, December 17th. Is still under treatment (August 12th, 1872), but for a month he has been able to get up and walk around. He had been confined to his bed for a year previous.

16.—Navieller (Edouard), 6 years, entered the hospital August 28th, 1871. White swelling of the right knee. Ignipuncture, October 3d. Dismissed December 4th, 1871. *Recovery by incomplete anchylosis.*

17.—Sébire (Victor), 46 years, entered the hospital August 30th, 1869. White swelling of the left elbow. Ignipuncture for the first time, December 17th; for the second time, January 21st; for the third time, July 8th. Dismissed August 15th. *Recovery by complete anchylosis.*

Corresponding Weight of the Sexes.—A recent writer offers certain interesting facts regarding the relative weights of men and women, from which we condense as follows: The average weights of boys at birth range a little over six pounds and a half, while girls fall a little below this figure. For the first twelve years the two sexes increase in weight in about the same ratio, after which time the boys take the decided lead—the result being that young men of twenty average about one hundred and forty-three pounds, while the average for young women of the same age is twenty-three pounds less. Men reach their heaviest bulk at the age of thirty-five, their average weight at that time being about one hundred and fifty-two pounds. The maximum of weight is attained by women at fifty years, and is about one hundred and twenty-eight pounds. The weight of the average man or woman at full growth is about twenty times that at birth.

Journal of Electrology.—Dr. G. M. Beard announces the publication of a new journal, devoted to electrology and neurology, of which the first number is promised early in the present year. We have no doubt but what the leading discoveries in the medical world the next twenty years will be in the field of electric agents. The journal has a brilliant future if it only has the ability to work in the right direction.

A wealthy gentleman died recently in Boston, leaving a large sum of money to endow a hospital for confirmed hypocondriacs.

CLINICAL CONTRIBUTIONS UPON THE TREATMENT OF CHRONIC AURAL CATARRH.

BY WILLIAM N. GUERNSEY, M. D.

Chronic non-suppurative inflammation of the middle ear is that variety of the diseases of the organ of hearing under which may be classed the majority of cases of deafness which fall under the notice of the physician. It is essentially a catarrhal inflammation, and its ravages are manifested in the mucous membrane lining the tympanic cavity, air-chamber, and eustachian tube.

It occurs with great frequency, as might be expected, when it is remembered that the mucous membrane which is involved, is a direct continuation of that lining the wall of the pharynx, and that in our variable climate, pharyngeal catarrh is very generally prevalent. No period of life is exempt from it; although occurring more frequently in those in the prime of life, both children and the aged are often afflicted with it.

In children it is more frequently the sequela of an acute or sub-acute attack of catarrh of the middle ear. At this early age the conformation of the eustachian tube, and the thick and dense consistency of the mucous membrane easily explain the frequency of the coincidence of aural catarrh with attacks of coryza or influenza. In the aged and the anæmic, the general relaxation and the weakness of the muscles render the parts less able to resist any injurious influences, and they are consequently the frequent seat of disease.

This form of disturbance has many synonymes, and unfortunately, the most frequent one with the laity, and alas, too often with many physicians, is that of nervous deafness. Nervous deafness, as understood by the aurists of the present day, is of very rare occurrence, and with the constant advancement in our knowledge of pathology, the already small ratio of these cases is continually diminishing.

Simple chronic aural catarrh may be divided into two varieties—the catarrhal and the proliferous, or selerotic. These divisions are based upon the different pathological changes which are met with in the chronic catarrhal inflammation. In the variety of simple chronic catarrh, there is, in the more acute cases, hyperæmia, swelling, great succulency of the tissues, and a secretion of mucous, and occasionally of blood. In the cases of long duration, thickening, connective tissue growths and adhesions, are more prominent. The mucous membrane has lost its transparency, and is of a bluish-gray, or of a lustreless white color, and presents evidences of irregular circulation and chronic congestion.

In the proliferous or dry catarrh, the mucous membrane may be in a state of hypertrophy or of granular degeneration. A proliferation and infiltration of the connective tissue corpuscles predominate here, and the mucous membrane becomes firmer, denser, and less elastic. Hyperæmia is so little marked that there is no perceptible increase of glandular action, no superabundant secretion of mucous, and hence it receives the name of dry catarrh. Anchylosis of the stapes bone to the margin of the fenestra ovalis, and of the malleus with the incus occur, and the formation of hyperostosis of the malleus and of the petrous bone, are frequent.

In the catarrhal form the history of the case generally shows the patient to have suffered from frequent attacks of acute catarrh of the middle ear, or that he has chronic pharyngeal catarrh; while in the proliferous variety, the disease has crept on insiduously without premonitory catarrhal symptoms. In the former variety, the patient usually complains most of the fullness and crackling sounds in the ears; while in the latter, the ringing or roaring in the ears forms the most annoying and prominent symptom.

The catarrhal form occurs more frequently in those possessing a catarrhal diathesis; while the proliferous is oftener seen in those suffering from nervous exhaustion and of an excitable temperament.

Within the last decade very great advancement has been made in the knowledge of the pathology and treatment of diseases of a catarrhal nature. Within that period the treatment of the diseases of the ear has been almost entirely revolutionized, and what formerly was considered to be one of the most intractable diseases, viz: chronic aural catarrh, now yields as fruitful results to treatment as does catarrh of adjacent organs, as the pharynx or larynx.

Nearly all cases of chronic non-suppurative inflammation of the middle ear can be greatly relieved, and quite a large percentage cured. The catarrhal form offers a better prognosis than the proliferous variety, which, fortunately, is of rarer occurrence.

A very great majority of the diseases which man is liable to, are of a catarrhal nature, and it is fitting that the etiology and pathology of catarrh, as it is manifested in different organs, should be carefully studied. Want of space forbids entering into a detailed history of the origin and progress of chronic aural catarrh; but it cannot be impressed too strongly upon every physician that the tendency of catarrh, if left to itself, is to grow gradually and continually worse; and that even a neglected pharyngeal catarrh may eventually give rise to disturbances of the eustachian tube, which may end in the irrecoverable disorganization of the organ of hearing, and the unfitting of the patient for business or the pleasures of social intercourse.

I will only cite at present cases illustrating the treatment of the catarrhal variety, as I have views in regard to the sclerotic form which are greatly

at variance with those held by many aurists, which I hope to shortly present to the profession in a future number of this journal.

Case I.—Deafness of three years' duration. Cured.—Kitty R., aged seven years, was brought to me for deafness of some three or four years' duration. Her mother had consulted several physicians in reference to the child's ears, and was always told that the membrana tympani were healthy. Much advice had been received and an abundance of medicine prescribed, but the child's hearing was worse than ever previously. Upon testing the hearing, I found the ticking of a watch could be heard with the left ear at a distance of eight inches; but with the right ear only when it was pressed firmly against the auricle. Upon examination of the membrana tympani, I found them retracted and of a dull, grayish, white hue. The light spot upon the left side was contracted in size; while upon the right it was entirely absent. The throat showed evidences of pharyngeal catarrh, and the tonsils were greatly swollen. The ears were inflated by Politzer's method, after which the hearing distance was increased about an inch on each side. To relieve the swollen tonsils, *merc. biniod.* was prescribed, to be given in small powders four times daily. Three days afterward the patient returned, and the gain in the hearing distance had been retained. Politzer's method was again used, and a slight improvement of the hearing resulted. Internal treatment continued. A week later and the pharyngeal catarrh was much improved and the tonsils reduced in size. The watch is heard at a distance of eight inches with the right ear, and twenty with the left. Both membrana tympani were slightly less retracted. Politzer's method was again used, and a gargle of *tinct. myrrhæ* and *tinct. cinchonae comp.* prescribed. The internal treatment to be discontinued. The ears were inflated every third day for the two weeks following, at the end of which time the watch could be distinctly heard at the distance of four feet—as great a distance as the ticking could be perceived by persons of normal hearing.

Case II.—Mrs. K. presented herself to the Western Homœopathic Dispensary in November, 1873, for treatment. She had been deaf for two years, and had gradually grown worse, so that then she could only distinguish the loudest tones of the voice. She had consulted several celebrated aurists, and nearly all had given an unfavorable prognosis, and none had relieved her deafness in any degree. Misfortune had recently befallen her, and she scarcely knew what to do for a livelihood, as her deafness incapacitated her from entering upon any ordinary vocation. Upon testing the hearing power, the watch could be heard faintly when firmly pressed against the left ear, but not at all with the right. The left membrana tympani was much retracted. The manubrium of the malleus projected prominently into the concave membrane, and the light spot was greatly reduced in size. The membrane had lost its normal lustre, was of a grayish white color, and appeared as if wrinkled in folds. The right membrana tympani was less contracted; the light spot only slightly smaller than normal, and the color deviated but little from that of health. An examination of the throat revealed chronic pharyngeal catarrh, and large velvety granulations were situated underneath the mouth of each eustachian tube. The soft palate was relaxed, and the uvula long and flabby. Upon inflating the middle ear, the air permeated the left eustachian tube with considerable force and volume; but in the right ear it could only be faintly recognized by a slight hissing sound. The patient knew of no cause as to the origin of her deafness, excepting frequent attacks of coryza and sore throat.

The ears were inflated according to Politzer's method, after which there was a slight increase of the hearing distance upon the left side. The granulations in the throat were touched with an astringent wash, and the posterior nares sprayed with a weak solution of *sulphate of zinc; merc. biniod* and *nux* were prescribed internally, and a gargle of *chlorate of potash* to be used night and morning; the nares to be thoroughly cleansed at the same time by gently snuffing up a tepid solution of salt and water. Three days afterward the patient returned, and although the throat appeared much improved, the hearing was not perceptibly more acute. An attempt was made to introduce the eustachian catheter, but as the mucous membrane of the nose was exceedingly irritable, and the patient excessively nervous, it was dispensed with. Politzer's method was again used, and the hearing distance increased so that the watch could be heard one inch with the left ear, and on contact with the right. The throat was again sprayed with a solution of the *sulphate of zinc.* The patient returned twice every week. Politzer's method was used at each visit, and the throat and posterior nares sprayed with solutions of *tannin*, *zinc* or *silver*, as the indications required. Gargles of *sanguinaria*, *hydrastin*, *chlorate of potash*, or *muriate of ammonia*, were used in the intervals between the visits. *Pond's extract* or *chlorate of potash* was snuffed up the nostrils every day, according to the condition of the mucous membrane. A hygienic course of treatment was ordered, and cold water to be dashed upon the neck, chest, and upper portion of the spine every morning, and the throat to be faithfully gargled, that the pharyngeal muscles might be strengthened by exercise. As the patient was very susceptible to changes of temperature, all unnecessary exposure to night air and inclemencies of the weather were cautioned against. She gradually improved, and now, after seven weeks duration of treatment, the watch can be heard at

a distance of four feet with the left ear, and two feet with the right. The improvement was slow at first, and at several times interrupted by colds and sore throats. At present the left membrana tympani is only slightly retracted; the light spot has nearly regained its normal size, and the lower half of the drum head is approaching the natural color of health. The right membrana tympani yet presents the more healthy appearance of the two, and deviates from the normal condition in slight retraction and alteration in shape of the light spot. The granulations have nearly subsided in the throat, and the patient does not complain any more of the catarrh. The right eustachian tube, however, is not so permeable as the left, and crackling sounds are often heard when opening and closing the mouth. The patient is still under treatment, but has so far recovered that ordinary conversation is now easily understood. I consider the prognosis favorable in this case, and probably complete restoration of the hearing will be obtained. The case is an interesting one, as presenting two varieties of the non-suppurative inflammation of the middle ear in one person. The catarrhal inflammation was evidently principally localized in the cavity of the tympanum upon the left side; while on the right, this part had escaped, and the catarrh was confined mainly to the eustachian tube. The appearances presented by the membrana tympani and the revelations of the otoscope, would seem to confirm this view. The slight deviation of the right membrana tympani from the normal condition, the diminished calibre of the eustachian tube of the corresponding side, and the slow amelioration to treatment compared with the left ear, favor the diagnosis of catarrh of the right eustachian tube. The marked changes in the left membrana tympani, and the free permeability of the tube, would localize the catarrh principally in the tympanic cavity.

The history of the case illustrates the value of the otoscope, or diagnostic tube, in diagnosis and prognosis. When the patient first presented herself to me, after having made an examination of the drum head of the right ear, I was inclined to tell her of the favorable prognosis I had formed in regard to its condition, but upon completing the examination by using the otoscope, I was more guarded in speaking of the prospects of cure.

Kramer has written very much about the value of the diagnostic tube, and of the signification of the various sounds that may be recognized with it. Like many other enthusiasts he may have ridden his hobby at too great lengths, yet it is certain that in the different stages of catarrh, air blown through the eustachian tube produces various sounds, and that these can be recognized with the diagnostic tube, and approximate ideas of its condition and of the tympanic cavity may be formed thereby.

Case III.—Patrick K., aged 45, presented himself at the Western Homœopathic Dispensary, in December, 1873, for treatment for deafness. He became almost absolutely deaf in the right ear twenty years since, and had lost a considerable degree of the hearing power in the left one, but so gradually that he could not definitely state when he first noticed its commencement. The watch could be heard only on contact on the left side, and not at all on the right; and it was almost impossible to make him understand connected sentences uttered in the loudest tones. The throat was tumefied and greatly relaxed, and of the boiled-lobster color, which is characteristic of the inflammation produced by the scorching of tobacco smoke. Both membrana tympani were greatly retracted; the light spot was faintly visible on the left side, but absent on the right. The eustachian tubes were but very slightly permeable to air by Politzer's method and with the eustachian catheter, but a faint sound was produced upon inflation of the middle ear, which was more audible on the left side. The treatment consisted in forcing air into the middle ear through the eustachian catheter, the application of a spray of an astringent solution to the throat, and the forbidding of the continuance of the habit of smoking. The patient returned every third day four or five times, and so far recovered his hearing that he could understand ordinary conversation. He seemed to think his improvement sufficient for his necessities, and did not return afterwards.

Case IV.—A lady, aged 70, recently came some distance to consult me about her ears. She first noticed diminution of the faculty of hearing fifty years since, which had slowly increased until it attained so severe a degree that for several years she had been obliged to resort to the ear trumpet. The watch could be faintly heard on contact with the right ear, but not at all with the left. The left membrana tympani had formed extensive adhesions, and undergone atrophy and great disorganization. The right one was greatly retracted and somewhat atrophied, yet the light spot was not entirely absent. The throat seemed to be in a normal condition. I gave her a somewhat guarded prognosis, telling her that there was a little hope of her hearing being improved somewhat. The treatment consisted in the inflation of the middle ear with air by the eustachian catheter; and although it permeated the tubes but very feebly, yet to-day—her third visit to me—she can hear the watch three inches upon the right side. The right membrana tympani is less retracted, and the light spot has increased in size. No improvement is noticeable in the left ear.

I have narrated this incomplete history to show how much may be accomplished many times, in cases of great obstinacy and long duration.

Of the several hundred cases of chronic aural

catarrh which are yearly treated at my dispensary clinic, the majority have been of over five years' duration. Notwithstanding the destructive changes which are nearly always concomitant with chronic catarrhal inflammation, a large percentage have been cured, and nearly all have been greatly improved. In the treatment of this affection much dependence is placed upon the use of local means. The throat must be carefully watched, and be restored to a healthy condition as speedily as possible. The eustachian tubes need to be inflated with air at frequent intervals, and oftentimes with vapors; and injections of liquids into the tympanic cavity, and operations upon the membrana tympani are sometimes required. Internal medication is frequently necessary, and I have obtained gratifying results from *merc. iod.*, *hepar*, *graphites*, *calcarea*, and *sanguinaria*, which seem to be indicated as follows:

Calcarea—In those of a lymphatic temperament, when there is fullness, ringing, buzzing, or pulsations in the ears, accompanied with stitches or cramp-like pains.

Graphites—In scrofulous diathesis, in the exacerbations of the affection, when there are stitches, feeling of dryness, and tingling and roaring in the ears.

Hepar Sulph—For darting pains, stitches when blowing the nose, whizzing and throbbing in the ears.

Merc. iod—For various kinds of ringing in the ears, which are worse in the evening; feeling of fullness and pressure, with stoppage of the ears, which open on swallowing, or blowing the nose. Also, when stinging and dragging pains.

Sanguinaria—In the exacerbations of the disease, when there is beating, singing or humming, with stitches in the ear.

Varix of the Superior Longitudinal Sinus of the Dura Mater.—This case is recorded by Dr. Meschade in Tirchon's Archives, Band 57, Heft 3, 4, 1873. The patient had been an epileptic sufferer from the age of six years, had always shown a weak mind, and became insane towards the age of twenty-six. He had often had cerebral congestion, with rise of temperature in the head and abundant sweats, especially in the situation of the vertex, from which veritable vapor was often seen to rise. He died from meningeal apoplexy at the age of thirty-seven. At the post mortem enormous distension of the veins of the pia mater was discovered, and in the situation of the vertex there was found a tumor of the size of a white bean, full of coagulated blood, lodged in a cavity bored out in the cranium, and communicating manifestly with the superior longitudinal sinus. It was a true varix.

It is stated that John C. Fremont has cancer of the stomach.

IRRITATIO CEREBRI.

BY J. FREEMAN ATWOOD, M. D.

In connection with, and originating from several frequent infantile diseases, the physician may observe in children of one year and under a series of symptoms demanding attention, which have been justly ascribed to cerebral irritation.

Among the morbid agencies standing in a causative relation to this condition, may be mentioned cholera infantum, gastro-intestinal catarrh, protracted fever, and other exhausting diseases, which, from interrupted nutrition, reduce to a minimum the constitutional powers or reserve forces of the system. The supervention of the difficulty in question would appear to be due to an impoverished state of the blood, in consequence of which the brain suffers a diminution in the proper quantity and quality of that fluid. In other words, a condition of anæmia is present, which manifests itself in the manner to be referred to. The cerebral functions more especially than those of any other organs depend for their perfect operation upon a normal supply of blood; while under the influence of the disease mentioned, through excessive tissue metamorphosis, the circulating fluid is consumed with unusual rapidity, and on the other hand, through impaired nutrition its compensating formation is limited, and the brain suffers from anæmia and all its attendant evils.

Closely allied to this state, if not virtually the same, is that termed by Marshall Hall, Encephaloid, from its resemblance to acute hydrocephalus, which he divides into two stages; one of irritation, and one of stupor; but, in the case appended there was the absence of the second stage as pointed out by him, the threatening symptoms having stopped short of that almost hopeless condition.

In its onset this complication might, without due consideration, be attributed to some exudation in the brain, since we have a train of symptoms much resembling those induced by that condition; but in simple irritation from anæmia, the later symptoms developed from an effusion are *not* likely to be present. The anatomical changes, also, accompanying the difficulty in question, are inconsiderable. The cerebral vessels are empty and the brain somewhat softened, but no abnormal quantity of fluid is found in the ventricles. Vogel asserts that the quantity of fat in the brain is decidedly diminished, and ascribes the cerebral symptoms to this cause.

In alluding to the general symptoms characterizing irritation of the brain, perhaps we may not do better than to cite a typical case which came under our observation at the Brooklyn Nursery during the last summer.

An infant of about seven months was taken with cholera infantum, which for three days failed

to yield to the usual treatment. At the expiration of that time there was some amelioration of the symptoms, although the stools still continued to be copious and the stomach very weak. This condition obtained without any material change for the ensuing thirty-six hours, during which time the bodily strength was rapidly declining, from the exhaustive drain upon the system and the lack of adequate nutrition. The alvine discharges now had very materially lessened, and on this account the case looked more hopeful ; but at this time the symptoms of irritation of the brain began to manifest themselves. The temperature of the head became considerably elevated, with depression of the anterior fontanelle. There was present an almost constant rubbing of the head to and fro—the eyeballs turned upward and the lids half open. The thumbs were drawn upon the palms, and fists tightly closed ; also, some rigidity of the muscles of the neck, with inclination of the head to be drawn backward. Vomiting still continued, though we were able by feeding the child very frequently with a small quantity of breast-milk, to provide in a measure for its nourishment. The taking of more than one or two tea-spoonsful at a time would invariably be followed by vomiting, which was without retching or effort. Great restlessness was present, with entire absence of sleep. The treatment pursued consisted mainly in measures calculated to meet the indication offered by the general impoverishment of the blood. As before stated, breast-milk was given in small quantities at brief intervals, together with concentrated extract of beef ; wine was also freely used, and to great advantage. The remedies employed were *acon.*, *bell.* and *bry.*, with an occasional powder of *merc. dulc.* Under this management, the threatening symptoms began to assume a more benign appearance, and we were happy to see the gradual improvement which characterized the progress of the case. Without ignoring or undervaluing the aid afforded by the remedies employed, we must ascribe very much of the favorable result to the measures calculated te aid nutrition, and to the moderate stimulation afforded by wine, but for both of which the child must have fallen a prey to the ravages of the disease. Such cases are perhaps not infrequent, especially those wherein the value of faithful and appropriate nutritive means is shown to be of the highest import, and hardly second to that of our more purely medicinal resources.

No. 34 Hanson Place, Brooklyn.

Investigations made by eminent scientific men in Europe develop the fact that the difference between the fresh blood of a horse and that of a human being is so slight as to be recognized only with extreme difficulty; and in blood which has become dry the distinction is almost imperceptible.

CHANCROIDAL PHYMOSIS.

BY F. E. DOUGHTY, M. D.,

Clinical Lecturer on Diseases of the Genito-Urinary Organs in the N. Y. Homœopathic Medical College.

Those who have had much experience in the treatment of chancroids I am sure will bear me witness that not infrequently they are an exceedingly intractable form of ulceration, even when open to inspection and freely accessible. This being true of these ulcers in what I may call a simple condition, I do not think I exaggerate in the statement that there is scarcely any disease of the penis that causes more distress and anxiety to the patient and annoyance to the medical attendant than when the chancroidal ulceration is complicated with phymosis. The obstacles presented, the dangers involved, and the paucity of information given in text-books on this subject, render any contribution to our knowledge as to prophylaxis and treatment exceedingly acceptable.

When we consider the exciting causes of this complication, which are chiefly as follows: delay and neglect of treatment, want of cleanliness, carelessness in using remedies, alcoholic stimulation, excessive exercise, mechanical irritation, coitus, cauterization, blows, etc., we naturally infer that the affection must be much more common among the lower classes. Experience proves that this is correct, the disease being observed chiefly in those who frequent our public institutions, although it is far from infrequent in private practice. Of the causes enumerated above, the first two are the most prolific. In addition to these we have the following predisposing causes: redundant prepuce, smallness of preputial orifice, straightness of prepuce, and shortness of frænum. These abnormal conditions all tend to retain secretions and excite balanitis, which is superadded to the existing ulcer.

Clinical history: The patient has had an impure connection, which has resulted in the development of one or more ulcers under the prepuce or upon the glans. These, owing to some of the predisposing or exciting causes as given above, become inflamed. The penis is swollen, red and painful, especially the anterior part of the organ, although the whole of it may be involved. The prepuce, which in the normal condition could easily be retracted behind the corona, can now only be so retracted with much pain and the exercise of considerable force, owing to its swollen and œdemotous condition. Sometimes we find this phymotic condition with thickening and elongation of the prepuce without the symptoms of heat and redness, pain also being absent or slight.

Now is the time when much good might be accomplished could proper treatment be instituted; but unfortunately we rarely see the patient at

this early stage, so the disease progresses. The symptoms augment in severity, and are particularly marked in the preputial portion of the organ, which is now swollen out of shape and resembles a small Indian club. The two layers of the prepuce are still movable on each other, though more or less widely separated by serous infiltration into the connecting cellular tissue. Owing to this swelling of the prepuce, and also of the glans, we find that the former is applied more closely to the latter than in health; still, this coaptation is not so great but that a slender instrument can be easily introduced between them.

The free margin of the prepuce is inflamed, thickened, and projects beyond the meatus more than in a normal condition; the amount of swelling sometimes decreasing from before backwards till the end of the glans is reached, producing a constricted appearance between the extreme end and that portion of the prepuce covering the glans. As the cutaneous layer turns inward to unite with the mucous a number of folds are formed, and generally the sulsi between them are the sites of small chancroids, resembling fissures or cracks, which are particularly noticeable if the prepuce be somewhat retracted.

In connection with these symptoms there is a more or less profuse discharge of thin, dirty, or rust-colored pus from the preputial orifice. Lymphitis is not uncommonly present, and adds not a little to the sufferings of the patient.

Should an operation be made at this time, by means of which we could examine the internal surface of the prepuce and the glans, we would find one or more chancroids, presenting symptoms of active inflammation, the parts around the ulcers being ingorged and thickened, incipient chancroids and perhaps here and there patches denuded of epithelium, redness and swelling universal, and all the parts covered with a dirty offensive discharge.

The description as given is a fair picture of the condition of the parts as they are generally presented to us, and constitutes the first stage. Should treatment still be delayed, or if instituted, prove ineffectual, the disease passes on to the second stage. In this we find a greater amount of swelling and redness, the œdema is hard and brawny, the two layers of the prepuce are no longer movable the one on the other, but seem united, as indeed they are, by cell infiltration. The swelling being greater, the prepuce is applied more closely to the glans, exercising sufficient pressure to cause it to recede, so that a much larger portion of the prepuce is anterior to the glans. This retraction of the glans is an important event; for if, from any cause it cannot take place, or has reached its limit, the pressure still continuing, there will result gangrene of the prepuce, and through the opening thus formed the glans may escape. The penis presents the typical club-shaped appearance, the prepuce is of a dusky red color, while the rest of the sheath is slightly reddened. If the disease continues to increase, a gangrenous spot may show itself on the prepuce over the corona, or portions of it may ulcerate, sometimes the ulcerative action being confined ot its mucous layer, which may be entirely destroyed, leaving the cutaneous portion surrounding the glans like a shell; or again, the glans itself may be more or less extensively destroyed. In connection with this state of things there may be present chancroids located on the integument of the penis. Virulent buboes in the groins also are not uncommon.

From this brief clinical history we turn to the treatment, which is both constitutional and local. The latter will occupy our attention particularly, varying as it does with the stage of the disease.

In my early practice I was somewhat undecided what course to pursue in cases such as we are considering; and not obtaining as good results as I desired from internal treatment alone and attention to cleanliness, I decided to try intrapreputial injection, using various substances. As the result of my experience I now almost always treat such cases as follows :

The patient provides himself with a hard rubber syringe, having a fine pipe at least three inches in length. This is to be filled with water, and the nozzle introduced between the glans and prepuce, and carried as far back as the fossa glandis. This introduction must be done with all gentleness, as the parts are frequently exceedingly tender, and bleed readily. The syringe being in position, the piston is slowly depressed and the fluid forced out. This process I have repeated several times, each time selecting a new point for introduction. The parts being thus thoroughly cleaned of all discharge, the syringe is again filled, but this time with a solution of carbolic acid—one part of acid to ten, or a hundred, of water, according to the condition of the parts. This is then injected in the same manner as the water, two or three syringefuls being generally sufficient. This process should be repeated every two or three hours, failures in obtaining good results being frequently due to the infrequency of the application. After the injection the penis is wrapped in lint and laid in the fold of the groin. Under this treatment, in connection with internal medication, decided improvement is manifest by the end of a week, as is announced by diminished and more healthy discharges, subsidence of the swelling and redness, etc.; a cure being affected on the average in from two to three weeks. Not infrequently the healing of the chancroids on the free margin of the prepuce produces phymosis, which can only be overcome by means of an operation, which should be strongly advised as a prophylactic against future disease. The treatment as now given is only applicable in the condition as pre-

sented in the first stage ; the treatment in the second stage being chiefly surgical. Internally, I have found the following remedies efficacious in certain cases: Ars., arn., bell., carbo veg., cinnab., hepar., lach., merc., corr., merc., sol., nit. acid., phos. acid., rhus., silic., sulph.

It may be desirable to examine the sores more closely and accurately than we are able to do, by feeling *through* the prepuce. Dilitation of the preputial orifice may be effected by taking a sponge tent and cutting it transversely, and selecting the piece that can be readily introduced; the large end is passed down to the meatus, its largest diameter preventing it from falling out. When this has dilated as far as possible, it is removed and a larger piece substituted; this process being continued until the orifice is large enough to admit the little finger, which is made to pass over the glans and preputial lining. Thus a good idea of the size, depth, and location of the ulcers can be obtained.

In the second stage, as before remarked, the treatment is chiefly surgical. If, however, the constriction of the glans is not excessive—if gangrene is not threatened—we may try the treatment as in the first stage; but the patient should be carefully watched and surgical means not too long delayed. Many are opposed to any cutting operation where there is a chancroid, as the edges of the wound will be inoculated, and extensive ulceration result. I include myself in this class, and would certainly not make any operation when I had such a condition as is present in the first stage ; but when gangrene is threatening, or has already commenced—and in the second stage, when, perhaps, the chancroids being older, have lost somewhat their virulent character—I consider that the only safety lies in full and complete exposure of the diseased parts. Several operations present themselves to our notice, which I will briefly pass in review, pointing out their objectionable features. Circumcision, which is so frequently made to overcome the congenital form of phymosis, is not advisable under the present circumstances, because the swelling is so great that it cannot be nicely performed ; and again, it leaves a very extensive surface to granulate, which, in case of inoculation, would present very formidable ulceration.

Longitudinal incisions in the median line, or by the side of the frænum, have their advocates. They are objectionable, inasmuch as they do not fully expose the parts, on account of the thickened and indurated condition of the flaps. The operation which best fulfills the indications, and has not the objections to so great a degree as those already given, is that proposed by Dr. Taylor,* which, with the after treatment, I decidedly favor. He makes a longitudinal incision, by means of scissors, back as far as the fossa glandis on each side, midway between the median line above and the frænum below, thus producing two flaps, one above, the other below, these may be turned back, and every part becomes freely accessible. Four pieces of lint are now cut, and having been saturated in pure carbolic acid, rendered fluid with a little water, two are placed so as to cover the glans, and the remaining two are introduced between the edges of the wounds. The whole organ is then surrounded by a bandage, leaving the meatus free, being careful to exert some slight pressure upon the distal portion. This is kept continually wet with cold water, the patient remaining in bed, if possible, for twenty-four hours, when all danger of hemorrhage has ceased. At the end of this time the dressings are removed, taking with them much of the ulcerated tissue. The same application is again made, and this is continued for a week or ten days, when the strength of the solution is gradually diminished as improvement continues. The average time required to effect a cure being about forty days.

The use of the carbolic acid, as advised by Dr. Taylor, I consider a great improvement on the old style of dressing, but I think that after the sores have been brought to a healthy condition, cicatrization would be hastened by substituting iodoform for the acid.

* * The American Journal of Syph. and Derm., Oct., 1872, p. 308.

Treatment of Sloughy Ulcers of the Vulva.—Dr. Parrot has derived much benefit in the above cases from the employment of a concentrated solution of chlorate of potash, or cauterisations with nitrate of silver; but a means of treatment, which has been most extraordinarily successful in his hands, is the application of iodoform. Generally, in two or three days it stops the extending course of the disease, and cicatrisation rapidly takes place. Iodoform is as successful in these cases as in bubo or fungous sores. It must be applied plentifully. The sores must be first well washed and cleansed, and then covered entirely with the powder. Sometimes, when the ulcer is very moist and there is much loss of substance, it is useful to put on two dressings daily.—*France Médicale.*

The report of the autopsy of the body of Prof. Agassiz shows that the causes of his death were disease and obstructions of the arteries of the brain, and that the origin of the disease arose, probably, in the arteries of the heart. The weight of the entire brain was 53.4 avoirdupois ounces, or 1,495 grammes; allowing a diminution in the weight of the brain from the age of 35—40 years, at the rate of one ounce avoirdupois for each 10 years elapsed, the greatest weight of the brain may be estimated at 56.5 avoirdupois ounces.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

THE DUTY OF THE HOUR.

The recent steps taken in our sister city of Brooklyn to secure a just representation for Homœopathy in the Police Board, is a move in the right direction, and the example should be promptly followed throughout the entire country. Homœopathic physicians, and laymen too, should insist upon it as a right to be demanded, and not as a favor to be begged, that their mode of treatment be introduced into hospitals, prisons, and institutions of all kinds for whose support the general public is taxed; not to the exclusion of other schools, but side by side with them, so that patients can have either the one or the other, as they may elect; and to the further end, that by comparison of facts and figures, the public may judge for themselves which is, and which is not, the true and successful school of medical practice. This is but just; and we can be satisfied with nothing less, if we would keep our faith with those who hold their faith in us.

The time has come for work—earnest, persistent and practical work for believers in Homœopathy. "The gods help those who help themselves;" and

> "The busy world shoves angrily aside
> The man who stands with arms akimbo set,
> Until occasion tells him what to do."

It is not enough that we receive and prescribe for our patients, go our daily rounds and return to our homes, at peace with ourselves, and content to let matters outside of our own immediate duties go on as they may. The honest laborer, who trundles his barrow in a gravel-pit, does as much. But we must do more if we would prove ourselves worthy the trust reposed in us. We, who recognize in the fundamental truths of Homœopathy the governing principles of our medical practice, must see to it that neither clique nor school shall hereafter stand in the way of its fair and impartial trial before the world.

Inaction has governed us too long. We have depended too much upon the merits of our cause, idly folding our hands, and forgetting that even great truths must be reinforced by action. Christianity itself might have fallen still-born had it not found earnest and vigorous advocates to preach as well as to practice its behests—disciples ready at all times and places to uphold its doctrines; and not only to give a reason for the faith that was in them, but if need be to die for that faith. Had its early followers permitted themselves to drowse and sleep in a brute inaction eighteen hundred years ago, we might still in this year of grace been bowing down to graven idols in spiritual, as our conservative libelers would have us do in physical matters; or, refusing to do so, insist that we shall submit to professional ostracism. Neither individually nor collectively will we do anything of the sort. We will not bow down to their idols, nor will we beg their indulgence. We crave no favors from their professional friendship and we ask no immunity from their malice. They may, for us, clannishly herd together, and prescribe whatever they please. They are free to act upon the principle which would drown the drooping rose with a deluge of water, when a spray from the fountain would revive it into life and health. That is their right, and we have no disposition to gainsay it. We find no fault, and have no protests to make under this head. But we do protest, and shall continue energetically to protest, against any distinction being made, as between different regular schools of practice, in our public institutions. We have already submitted too long, rather than parade professional grievances before the public. If we would advance our cause, and hold ourselves worthy the trust reposed in us, we must hereafter assert our rights, and meet our opponents wherever and whenever they attack—giving them blow for blow, and thrust for thrust, until they shall learn at least to respect our rights, if not our cause; and assume, as we have already done, scientific attainment as the only test of professional fellowship.

DR. VANDERPOEL AND THE HEALTH OFFICE.

At a recent meeting of the American Public Health Association in this city, the names of two physicians were presented for membership, both of high social position and of acknowledged eminence as sanitarians, having done good work in connection with the Board of Health in Washington, and one of whom was at the time on a mission, appointed by the President of the United States, to inspect the sanitary condition of the great cities of Europe. Both names were rejected by the executive board, and when Dr. Cox, President of the Washington Board of Health, courteously asked why the names of his colleagues, which he had himself presented, were rejected, the chairman, Dr. Smith, refused to disclose the secrets of the executive board or to give any reason whatever. They were rejected—that was enough.

Knowing the animus of the Allopathic to the Homœopathic school, he quite naturally attributed the fact that Dr. Verdi being a Homœopathic physician, and Dr. Bliss having been expelled from an Allopathic society for having dared to serve on a sanitary board with a Homœopathic physician, as the real cause for the action of the Board. In courteous, but emphatic language, he denounced what he believed the true cause of their rejection—and which, when charged upon them, was not denied—as subversive of the fundamental principles of our government. This manly protest only raised a storm of indignation and a fierce demand for his expulsion. The public prints the next morning reported correctly the scene, and the impression upon the community, with scarce a single exception, was, that two men, both eminent as sanitarians, had been rejected from membership of a scientific association because they had rendered themselves obnoxious—one by his medical tenets, and the other by daring to associate with him in an official capacity—to the Allopathic Executive Board of the Association. Even if the cause assigned by Dr. Cox for their action was not the correct one, it was quite evident by their refusal to put in an emphatic denial then and there, when the charge was made, that they were quite willing that the impression should go abroad to the community that these men were snubbed for the cause assigned. It is only after a storm of indignation has been raised all through the State, which threatens to prevent the reappointment of one of their number, Dr. Vanderpoel, to the most lucrative office in the State, that any attempt to change public impression is made. It is only after the indignant people by thousands, irrespective of creed and party, jealous only of their rights as freemen, thundered with their petitions at the Executive, demanding, not as homœopaths, but as republican citizens, the rebuke of one who had, as they believed, struck a blow at the very foundation principles of our government, that any member of this Executive Board opens his lips in denial of the charges made. Now that the coveted office hangs trembling in the balance, Dr. Stephen Smith, the President of the Association, comes forward with the following certificate for his colleague:

NEW YORK, January 6, 1874.

S. Oakley Vanderpoel, M. D., Health Officer.

MY DEAR SIR—A paper was sent to me a few days since containing a petition to Governor Dix for your removal from office on the ground that, as Chairman of the ex-committee of the American Public Health Association, you acted discourteously towards two persons nominated for membership. It is but right that I should correct this statement. As President of the Association I was chairman *ex officio* of the Executive Committee at every meeting of the committee which was held. On no occasion, either in the committee or out of it, did I hear you express any opinion in regard to the gentlemen mentioned in this petition. I ought, perhaps, to add that no one applying for membership in that Association has been rejected on account of his tenets in medical opinion or practice.

Very truly yours, STEPHEN SMITH.

We are quite willing to accept this statement as correct; but with all due deference to the President of the Association, we think it comes late in the day, and that it would have looked much better and come with a much better grace, if the statement given in the latter clause of the letter had been made on the floor at the time, in reply to the courteous demand of Dr. Cox. There are those who in view of the past will be illiberal enough to say that the statement was extorted by fear rather than a desire to act honorably. We have no personal feeling against any of these men. In all this matter we have been contending for our rights as citizens, and when those rights are invaded we shall not be careful, even to suit the fastidious taste of the editor of the *Sanitarian*, to put our protest in honeyed words; but rather in language so plain and emphatic that there will be no mistaking our meaning. In conclusion, we are glad that at last Dr. Smith has thought it wise to make a statement which we think should have been made at first.

STRONG FIGURES.—The *New York Express* publishes the result of five years' work of a Homœopathic Life Insurance Company, as follows: Policies issued to homœopaths, 4,470, in which 32 deaths occurred. Policies to non-homœopaths, 1,437, in which 37 deaths occur; and the *Express* very correctly concludes that these facts are in favor of homœopathy.

THE QUESTION OF EDUCATION.

The *American Journal of Homœopathic Materia Medica*—the able representative of the Hahnemann Medical College of Philadelphia—is considerably exercised by certain strictures put forth in THE MEDICAL UNION upon the subject of Medical Education. The journal which is "under the auspices of the New York Homœopathic Medical College," is also indignant and abusive from the same cause. Both of these journals are laboring under the impression that we are at enmity with the institutions which they represent, and we are therefore soundly rated for not appreciating the perfections of these two colleges. The editors of these journals may relieve their minds on the subject, since the evils of which we have spoken belong to the general system of medical education, and are not the peculiar characteristics of any one college. These journals and the profession know us well enough by this time to be certain that when we wish to direct public attention to the faults of any particular institution we shall do so in plain terms, without leaving any doubt as to our meaning.

In this instance we have protested strongly against the incompleteness of the present system, and have asserted as a fact that under this system a medical diploma is too easily obtained to be received as proof positive of a graduate's competence; and, also, that medical faculties under this system are placed under the disadvantage of ranking their ablest and their most incompetent members on the same level, since there is practically no other test of a teacher's ability than his own opinion on the subject, so long as the examination for the degree is in the hands of the faculty.

Now in this we have not assumed that the colleges of our school are in any respect less efficient than those of the old school; on the contrary we believe them to possess already some decided advantages over those of our opponents, and it is because we believe that our colleges can be made still more thorough that we have heartily endorsed the proposition, emanating from our State Society, to have a State Board of Examiners.

Our position on the subject, in brief, is this: We claim that as the degree of M. D. furnishes the only presumptive evidence of professional abilities and requirements, the examination for this degree should be placed in the hands of a State Board, so that there shall be a uniform standard of excellence in all candidates. The students should be permitted to gain their education in any way they choose—whether in medical colleges or under private instructors—in order that the introduction of this spirit of competition among teachers may stimulate them to the greatest thoroughness in their methods of instruction. It is essential that the State Board should conduct the examination for the degree with perfect impartiality, and that their proceedings should be public, so that the profession, whose servants they are, shall know that the examiners have performed their duty properly and faithfully.

When the degree is thus obtained, we hope to see it acknowledged as higher than that of any medical college, and we may have done forever with the assumption of superiority which is paraded by the graduates of "regular" medical colleges. In the support of this measure, we feel that we are giving the truest support to homœopathy, and that whatever tends to increase the thoroughness of our medical education will increase the esteem of the public towards us as a school, and strengthen the influence we already possess.

We believe that the best interests of the colleges are identical with the objects of the State Board, and we hope to see an active cö-operation between them. If any changes in the present constitution of the State Board would induce the colleges to adopt the proposed measure, we pledge ourselves to work for the change. It is not a personal question with us, but one in which principles should be everything and men nothing.

CAUSES OF MORTALITY IN LARGE CITIES.

In the City of New York during the past year there were 29,054 deaths against 32,547 in 1872. The City of New York, owing to its peculiar location, should be the most healthy city in the world. Washed on all sides by tide water, with not a foot of soil which is not capable of easy drainage, with an abundant supply of pure water, and the air sweeping up fresh and pure from the bosom of the ocean, we should have much less disease in our midst, and our death-rate should fall far short of the enormous sum given in the report. One great cause of this mortality is, undoubtedly, the filling up of vacant lots with garbage and refuse matter collected from the public highways, and in the laying out of streets the obstructions of old water courses forming stag-

nant ponds, and preventing the natural drainage of the soil. In looking at the list of deaths in any large city it will be noticed that a large proportion of them can be traced, either directly or indirectly, to malarial poisoning; and that after all, one of the most fruitful causes of disease is defective drainage. Not only in cities, but in country towns, the presence of severe forms of epidemic diseases can be traced almost directly to local causes. Only the other day a family, who had been sick one after the other all winter, found, on our insisting that there must be some local cause, a refuse pipe failing to connect with the sewer. There was no apparent effluvia, and yet the insensible poison had been breathing its deadly influence all through the house. The particular province of the physician is to get at, not only the peculiar character of the sickness, but the causes, local or otherwise, which produces it, so that they can be remedied.

HOMŒOPATHY IN BROOKLYN.

A few days since, Mr. C. A. Townsend, President of the Homœopathic Hospital, accompanied by a large body of the most influential citizens of Brooklyn, called on the Police Commissionors for the purpose of urging the appointment of a homœopathic Police Surgeon, and also to secure for the same school a representation in the Board of Health and the public institutions. Mr. Townsend opened the proceedings by reading a memorial addressed to the Police Commissioners, signed by the officers and trustees of the Homœopathic Hospital, requesting the appointment of Dr. Edward J. Whitney as one of the Surgeons of Police. The memorial says :

"He is the chosen representative of a large and influential body of physicians and laymen who support two hospitals and four dispensaries in the city of Brooklyn, who should be represented in every medical organization under the city government, but who have been up to this time persistently and utterly ignored.

"It was a cardinal doctrine of our fathers, which led to the American Revolution, that taxation without representation was tyranny. The homœopathic physicians of Brooklyn compose about one-fourth of the medical profession. Their patients embrace a much larger proportion of the educated, cultivated, and tax-paying classes of the population. They claim a right to a representation of their ideas in all public bodies where medical skill and science is demanded. We assert that the exclusion of homœopathic physicians from public medical boards has resulted wholly from the persistent and illiberal demands of those who term themselves the regular medical school. If these regular gentlemen desire to exclude themselves from consultation or association with other medical gentlemen of a different, more progressive and liberal school, that is a matter of taste, and may or may not have resulted to their own detriment; but it is quite a different matter for them, or for any other body of men, to insist that those who are taxed to support the government will be denied voice and representation in any public body.

"The State recognizes no state religion. It should recognize no state medical practice. Nor has it. The statutes place the homœopathic and allopathic physician on the same level. The decisions of the highest court in the State have approved this sensible conclusion. All licensed physicians are thus absolutely equal in the sight of the law, which requires of all to whose care the lives of citizens are intrusted only the necessary education and skill in the practice of their profession, and not the autocratic endowment of regularity by any special allopathic school of practice. It is not impossible that the successors of that school of physicians which persecuted Harvey for discovering the circulation of the blood, and within a century denounced Jenner as a quack for advocating vaccination as a preventive of small-pox, may be equally mistaken in their dogmatic labeling as quacks those physicians who are, at the least, their equals in education, cultivation and success, and infinitely their superiors in progress and liberality."

Mr. Townsend made a short address in favor of the appointment.

Rev. Henry Ward Beecher then rose and read a petition and resolutions of the managers of the Brooklyn Homœopathic Maternity, of No. 48 Concord street, urging the appointment of Dr. Whitney, for similar reasons to those assigned in the preceding memorial. Mr. Beecher said he himself was not a homœopathist, but he had known Dr. Whitney from his boyhood, and he could heartily commend him for this appointment. He had interested himself in this matter, he said, not for the purpose of pressing the homœopathic school of medicine forward, but for the same reason that he was interested in the progress of liberal ideas in every direction. He contended that as liberal ideas were being recognized in the churches, so they should be in medicine. He urged the appointment in order to approve the liberal principle.

Dr. Moffatt presented a petition similar to the others, from the members of the medical and surgical staff of the Brooklyn Homœopathic Hospital.

Commissioner Jourdan, in receiving the papers for consideration, said it was well known that his personal desires were in favor of the principle sought to be established in the appointment of a homœopathic physician as a Police Surgeon.

THE SIAMESE TWINS.

Chang and Eng, known as the Siamese Twins, died at their home in North Carolina, on the 17th inst., aged 62 years—the former presumably from a second stroke of paralysis, and the latter from as yet unexplained causes.

There has been much speculation and controversy in the medical world as to the separate existence of these singular beings, and the arterial dependence and independence of one upon the other; and whether the fleshy ligament (about a foot in length, by two inches broad and four thick) which joined them could be severed and life be still preserved. In all this the twins were of course deeply interested, as they greatly desired, and yet feared the result of a surgical operation which should dissever them. Much counsel was had by them in this country upon the subject, but without arriving at a satisfactory conclusion, and a trip was consequently undertaken to Europe for further advice. There it

was finally decided by a council of eminent medical gentlemen, after numerous tests, that separation meant death; and this verdict the twins accepted as final, preferring rather "to suffer the ills they bore, than fly to those they knew not." They returned to their homes, there to await, with what composure they might, that certain consummation which was expected finally to clear up the mystery of their duane existence. But their demise neither proved nor disproved their arterial unity. Eng lived two hours after the the death of Chang; and it is not certain that he might not have lived on had it been possible for him to remain unconscious of the supposition that he was inseperably bound to the corpse of his more than brother—his other self. Their attending physician, too, asserts that their lives were separate and distinct, as evidenced from many facts—notably the one that their pulses beat distinctly, and often with a differing frequency of twenty pulsations per minute. That their tastes, and habits, and health were different, and in no wise the emanation of a single center of thought or existence; and that fright and consequent nervous prostration were the immediate and direct causes of the death of Eng—the brief survivor.

It is to be hoped that an official post mortem examination will be insisted upon by the proper authorities, in the interest of science, notwithstanding that their bereaved progeny regarded it as a filial duty to store the corpses away in the cellar, there to await the highest bid from some speculative showman or medical institution. And after they shall have sold their parents out of sight, and gained possession of their corpse-legacy, it would scarcely be asking too much from this interesting family that they use the money to transport themselves to Siam, the home of their ancestors; for certainly their action in the matter is better fitted to a heathen land than to a civilized community.

PAREPA-ROSA, a lady widely known as one of the leading prima-donnas of the age, and universally esteemed for her many virtues and blameless life, died in London on the 27th instant, in the 32d year of her age.

A family of seven persons were poisoned in Aurora, Ill., recently, from eating fresh pork, which on examination proved to be filled with trichinæ.

DEATH OF DR. LIVINGSTONE.

Science has lost another disciple, and the world another hero. David Livingstone, the missionary, the explorer, and the author, is reported to have laid down his life in the cause of science in the interior of Africa, prosecuting his life-work—the discovery of the long-hidden secrets of that unexplored land. His work, although not entirely finished, has been eminently successful. He has discovered and mapped for future geographers a portion of the globe which has occupied the attention of successive ages, from the days of Herodotus to the present time, and which half a century ago was almost as much a myth as the North Pole, or the conformation of a foreign planet. He has marked out a path which we may confidently expect will, in a few years, be widened and beaten into a well-traveled road, upon which will be transported the blessings of civilization, of Christianity, and of commerce. All honor to the memory of the intrepid explorer, whose name deserves to be as indissolubly linked to the land of his discoveries, as was that of Americus Vespucius to the Western Continent.

The dead body of a female was left unburied for two months, near Avon, in this State, because her fellow-spiritualists took for granted her ante-mortem declaration that after a time her departed spirit would return and re-enter its earthly tabernacle. It is uncertain how long the lifeless remains would have been kept above ground by her credulous friends, had not the authorities interfered, and, after a post mortem examination, compelled interment. It is stated that the subject of this unusual proceeding for some days previous predicted the hour of her demise, although in apparent perfect health at the time. The autopsy proved the organs, so far as the physicians could discover, to be in a sound and healthy condition. All of which goes to prove that Miss Bonney—that was her name in the flesh—having made up her mind to die, was determined to do so; and verifies the old couplet:

"When a woman will, she will, you may depend on't;
And when she won't, she won't, and there's an end on't."

The late Marquis d'Ourdre left 20,000 francs to the Academy of Medicine, Paris, to be awarded to the discoverer of a simple and easy process by which any illiterate person might satisfy himself that death had really taken place, and a prize of 5,000 francs to be given to an inventor of a scientific method for obtaining the required certainty. The five thousand franc prize was divided among four competitors, but the twenty thousand one was not awarded.

THE COPENHAGEN HOSPITALS.

The Frederiks-Hospital contains four hundred beds, of which one hundred and fifty are for surgical cases, under the care of Dr. Saxtorph, the remainder being medical, and in charge of Prof. Wirth and Dr. Tahlerup.

The antiseptic system of dressing is adopted in its most minute details, and that with the best results, according to Saxtorph. We saw cases of amputation, excision, compound fracture, abscess, etc., all treated antiseptically, and all looking well. Saxtorph says he has used carbolic acid ever since it was introduced by Lister, and sees no reason for discontinuing it. In one case of gun-shot wound of the leg, admitted in a very bad state, with secondary abscess and septicæmic diarrhœa, carbolic acid was applied locally, given by the mouth, and administered in enemata. The limb was subsequently amputated, and the patient is now doing well. Erysipelas very rarely breaks out in the hospital, although cases are not uncommonly admitted. Saxtorph treats burns by wrapping up the part closely in cotton-wool, and leaving it as long as it does not stink. Simple fractures are, as a rule, put up in starch-bandages after the swelling has subsided. Hip-joint disease is generally treated by pulley extension. Several cases of chronic scrofulous disease of other joints were fixed in a starch bandage, while cod-liver oil was being given internally. Excision had been performed a month before in a case of chronic hip-disease with fistulæ, but, in spite of the antiseptic treatment, purulent discharge had returned in abundance. It is worthy of note that of some ten cases of excision of the hip in Copenhagen, of which a record is kept, not one is now alive—why, it is difficult to say. A case of chronic effusion into the knee had been punctured, and the joint immediately put in a starch bandage ; the result promised to be good. Amputations, as far as we saw, are very successful in the hands of Prof. Saxtorph, the stumps healing well and without the conical look and exposed bone so often visible in German surgical practice. Stone in the bladder is common in Denmark, and Saxtorph prefers operating for it by lithotomy. He adopts the lateral incision, and uses the blunt gorget in entering the bladder. Skin-grafting is regularly employed, and with good results. Poultices, such as are seen in the London hospitals, are not to be found in Saxtorph's wards, where warm water fomentations and arnica "flowers" are alone used.

The surgical out-patients at the Clinical Hospital are attended to in the "clinic" or operating theatre. The number is very small.

The Commune Hospital numbers eight hundred beds. The practice or service in this hospital is a mixed one—an arrangement which seems less strange when thus expressed than it does to the eye of the visitor. It means that medical and surgical cases are found side by side in one ward, and visited by the same medical attendant, who treats in succession typhoid fever, fracture of the femur, cancer of the stomach, and the stump of an amputated fore-arm. We wish to record some of the cases seen under the care of Prof. Rasmussen, and his method of treatment. Dilatation of the stomach—a disease so seldom observed (or recognized ?) in this country—was being treated very successfully by washing out the viscus with a siphon stomach-pump. Phthisis is treated with warm infusions of malt ; Rasmussen questions the value of cod-liver oil. Emphysema and asthma in Copenhagen seem to be relieved by iodide of potassium. Typhoid fever is being treated by Rasmussen with sulpho-carbolate of soda, with quinine in small doses in some cases, and with cold baths (16° to 18°) whenever the temperature exceeds 41°. The results of these various means are uncertain, for, as Rasmussen wisely remarks, no two epidemics of typhoid fever are alike. In his surgical practice it was interesting to find Rasmussen of a different opinion from his colleague, Saxtorph, in the Clinical Hospital, as regards the value of carbolic acid. The former professor now constantly uses a watery solution of sulphurous acid, and prefers this to all other dressings, carbolic acid included.

There are altogether five services at the Commune Hospital—namely, those of Drs. Holmer, Rasmussen, Brunnicke, Aaristrup, and Engelstet. The first gentleman's service is purely surgical, and the last has charge of syphilitic and cutaneous cases. The department of dermatology and syphilis is a university clinic, attended once a week during the sixth year of medical study. Each of the services has connected with it three or more resident assistants, the chief of whom probably divides the work of the daily visit with the professor. A journal is kept of every case admitted into the hospital.

Death from Puerperal Eclampsia; Extraction of a Living Child.—Dr. Marcé, interne, reports (*Le Progrès Médical*) an interesting case of this, which was treated in L'Hôspital la Pitié, under the care of Dr. Loraine. The patient was 35 years old, and in her eighth pregnancy. She suffered from puerperal uræmic éclampsia of an epileptiform character. The fatal result being undoubted, the patient was carefully watched and every preparation made for the operation. The moment after she drew her last breath the abdomen was opened, and an infant at full term extracted. The child was not cyanased, but did not respire at first; but after tickling in the mouth and slapping with wet cloths, in a moment it began to respire, and regular respiration was soon established.

THE HISTORY OF OZONE.

BY C. W. HEATON.

There is good ground for believing that the true nature of the curious gas which, under the name of ozone, has excited the interest and attracted the researches of chemists for more than a quarter of a century, has at last been ascertained; for not only have we a theory which accounts satisfactorily for its formation and properties, and which is in perfect accordance with all known facts, but this theory has lately gained distinct confirmation from a direct crucial test. In many respects the history is a remarkable one, and it illustrates very strikingly the advantages and defects of the logical method by which scientific investigation is conducted. At every stage of the discovery new hypotheses have been framed, many of them on utterly insufficient data, and ever and anon the advancing tide of fact has swept them away one by one, until, at length, one has arisen which, having struck into more coherent soil—to carry out the simile—has only been cemented into greater solidity by the action of the waves. It is almost painful, in reading a chapter of scientific history like this, to note the mass of careful reasoning apparently wasted; the succession of brilliant ideas, each one set forth by its originator in full belief of its truth, but which has been superseded almost before it was known. Science marches on over fallen hypotheses, just as soldiers mount a breach on the dead bodies of their comrades.

In 1774, Priestly discovered oxygen, and the wonders of the new-found element soon attracted the study of all the chemists of Europe. Besides the systematic researches thus called forth, and which were destined to bear such noble fruit, a host of detached experiments were made, and one of these, seen by the light of subsequent knowledge, was of the highest importance. In 1785, the electrician, Van Marum, took it into his head to pass electric sparks through oxygen, probably as a mere tentative experiment to see what would happen. He found that the oxygen acquired a peculiar smell, and with it the power of acting directly on mercury. In fact, he obtained ozone; but chemical method being still young, and Van Marum probably no heaven-born genius, but little real knowledge was gained by the experiment. The smell was the same as was observed in the air in the neighborhood of an electrical machine in action, and Van Marum, therefore, contented himself with assuming that it was the natural smell of the "electrical matter." In this state the subject remained until 1840, when Professor Schönbein, of Basle, took it in hand, and soon brought to light a number of curious facts. He found that the substance could be formed by several distinct processes; that it was present in the oxygen obtained by the voltaic decomposition of water, and that it might even be produced without the agency of electricity, by the slow oxidation of phosphorus; or, in other words, that when one portion of oxygen was absorbed by phosphorus, another portion was always converted into ozone. The properties of ozone, or, more properly, of ozonized oxygen, were likewise studied by Schönbein with great care and ingenuity. By far the most remarkable of these was found to be its extraordinary oxidizing power. A great many substances which are incapable of uniting directly with oxygen, even at a high temperature, are instantly oxidized by ozone; and are not only oxidized, but are raised at once to their highest known state of oxidation. Of this phenomena silver affords a good illustration. For the same reason ozone is a powerful bleaching and disinfecting agent, bearing, in these respects, so close a resemblance to chlorine that Schönbein at first imagined that it was a new analogue of that element. But this was disproved by the fact that the compounds obtained by the combination of ozone with other bodies were oxides, differing in no respects from the oxides obtained by ordinary means. Upon its active oxidizing power, Schönbein founded a most delicate test for ozone. It is well known that iodine forms a blue color with starch, but that this reaction can only be obtained with *free* or uncombined iodine. Iodide of potassium may be mixed with starch without the production of any color, and the oxygen of the air is quite powerless to decompose the iodide, but the smallest trace of ozone effects the decomposition immediately; caustic potash is formed, and the mixture becomes blue from the formation of the so-called iodide of starch. This mixture, spread on slips of paper, constitutes the "ozone test paper" now so largely employed, and "ozonometers" are merely instruments for registering the depth of coloration produced by the exposure of one of the papers for a certain time to a certain quantity of air. The indications of the ozonometer are merely comparative, being expressed on an arbitrary scale ranging from 1 to 10. The remaining properties of ozone may be dismissed for the present in few words. It is insoluble in, and without action on, water. It is destroyed by heat—a temperature about equal to that of melting tin being sufficient to convert it entirely into common oxygen; and finally, it is destroyed by black oxide of manganese and some other substances, which are not themselves oxidized by it.

It will hardly be believed by some, but it is nevertheless true, that it is only within the last few months that ozone has been distinctly proved to exist in the air at all. Schönbein, in 1840, found that his test-paper became blue when exposed to the air, and hence concluded that ozone was present in it. Here was a new and easy field for scientific discovery! Test-papers were exposed

in all directions, and countless observations on the amount of ozone in the air were recorded. But, unfortunately, a few radical errors and doubts have enshrouded these well-meant efforts, and the greater part of them are therefore worthless. Ozone is not by any means the only gas which effects the papers. Nitrous and nitric acid and chlorine, the two former of which, at any rate, are known to exist in the atmosphere, have an equal effect upon them, and sunlight alone is capable of effecting the decomposition, even when the paper is enclosed in a sealed tube. Hence, in the great majority of researches, it was quite impossible to say whether any—and, if any, how much—of the coloration was really due to ozone. Even in those experiments where most pains were taken to avoid doubt, as in the recent researches of Dr. Daubeny, some ambiguity still remained, so that the more cautious chemists hesitated to pronounce absolutely that ozone was a constituent of the atmosphere. Within the last few months, however, Dr. Andrews, to whom we were already so largely indebted, has communicated to the Royal Society some careful experiments, which seem to prove that the observed effects can only be due to ozone. The most decisive proof consists in passing the air through a moderately-heated tube, which is found to destroy all traces of its power on the test-paper.

As to the distribution of ozone, it is certain that, as a general rule, country air contains more than town; and air which has come direct from the sea, more than that which has swept over a large tract of land. Dr. Daubeny found that at Torquay, in the winter months, ozone was present in the greatest quantity in the south-west, west, and south winds, and in the smallest in the north winds; whereas at Oxford, east wind brought most and the north-west least ozone. The experiments were, however, somewhat vitiated by the fact that the latter series was made in the summer months. Ozone is always absent from the air of an inhabited room, even when present in the surrounding atmosphere.

As to the mode in which ozone is generated in the air, we have only probabilities to guide us. There can hardly be a doubt that it is formed to some extent by the agency of lightning, and it is possible that this is the sole mode of its production. Some writers assert and some deny that it is present in the oxygen evolved by plants under the influence of light; but though such a formation is probable enough, the evidence, both for and against it, is at present inconclusive. And lastly, it is possible, though still unproved, that it may be formed during some of the processes of slow oxidation which are so common on our globe.

However it is formed, it is at least certain that ozone exists in the air, and that, though small in quantity, it must, from its extraordinary activity, have important functions to fulfil in nature. But this very certainty has, unfortunately, been a fruitful source of wild assumptions and mere speculative guesses, doing infinite harm to the progress of true knowledge. Some have asserted, and have attempted to prove by perfectly inconclusive reasoning, that ozone arrests infection, and destroys the germs of epidemic disease. It is highly probable that such is the case, and it is certain that its presence is incompatible with that of many noxious gases. But then it is *not* certain that epidemics are due to noxious gases; and if, as is more likely. they are propagated by spores, we have yet to prove that the minute trace of ozone in the air is capable of destroying those spores. We can no more assume it than we could assume that it killed birds. Even more vague, and much more improbable, is the floating notion that an excess of ozone in the air "does us good." Men talk of running down to the seaside "to get a little more ozone," just as if it were not possible that the little more ozone might do them harm instead of good when they got it. In large quantity it is certainly an intensely powerful irritant poison, and that it is useful in small quantities is the merest assumption. As to the notion of its assisting the process of blood-oxidation, the probability is all the other way; for its energy would be much more likely to cause it to oxidize, and destroy the lung itself than to permit it to pass quietly into the blood, and effect the work performed by the more gentle oxygen. The simple fact is, that we know next to nothing about this branch of the subject; and if, instead of guessing at random, we were to set to work to try to elucidate some of the obscurities by which it is surrounded, or, at any rate, were to wait until others had done it for us, we should act a much more sensible and modest part.

For the future, there is every hope. The main elements of the inquiry have already been acquired, and a strong body of experimenters are at work upon it. The British Association has appointed a committee to investigate some of the mooted points, and from the high eminence of every member of it, we may justly anticipate some important contributions to our knowledge.

COAL.—McFarlane, in his statistics on coal, speaks of coal seams in Prussia ten, twelve and fourten feet thick, the coal measures being 20,000 feet thick, containing 117 seams—in all 294 feet of coal. He says it is extraordinary that the lowest known seams are bituminous or caking coals, and the higher they range in the series the more dry or anthracite do they become. This, according to Mr. Chesebrough's theory, first published in the UNION in his article on Petroleum, is not at all extraordinary, but precisely what we should expect—the coal measures, as he thinks, being formed from the liquid petroleum.

Translations

FROM FOREIGN PERIODICALS, FOR THE MEDICAL UNION.

HYPERÆMIA OF THE BRAIN—GLONOIN.

BY DR. MOOSA, OF BROMBURG.

Extremes of heat and cold may produce hyperæmic conditions of the brain, which furnish analogous pathological changes after death, as well as presenting similar symptoms during life. These morbid conditions are homogeneous to those produced by the homœopathic remedies appropriate for hyperæmia of the brain, viz: *aconite*, *belladonna*, *apis*, *glonoin* and *camphor*.

The two following cases furnish proof of the curative action of *glonoin* in hyperæmia of the brain, produced by action of excessive heat or cold.

Case I.—A girl, aged ten years, and of an excitable temperament, had a long distance to walk in a cold snow storm in returning home from school. On arriving there she became sick and had a severe chill, followed by fever, which very shortly became excessive. When I saw her she was in bed, her cheeks flushed, the carotids bounding, and the pulse above 120. She had vomited, and was crying bitterly with the severe headache. Twitching of the fingers was also quite noticeable.

As I had already learned by experience that the action of *aconite* and of *belladonna* even, was not so effective in these cases as that of *glonoin*, which may be properly styled the regulator of the circulation of the blood in the brain. I administered to the patient *glonoin* 3d, two drops in a tablespoonful of water every two hours. The fever speedily subsided, and profuse perspiration followed during the night, when the headache disappeared, and the hyperæmia, which might easily have terminated in inflammation of the brain, was arrested.

Case II.—In the early part of July, when the thermometer was indicating a temperature of 85°, I was called toward evening to visit a boy of about three years, who had been playing the whole day with uncovered head in the burning summer heat. He had complained of headache late in the afternoon, and desired to go to bed. Afterwards he had slight chills, which were followed by high fever. His head, face, and abdomen were burning hot, and he seemed as unconscious as if he were stunned. Ordinarily very talkative, he could only be aroused by calling loudly, and then but momentarily. He had vomited, his pulse was small and very rapid, and subsultus tendinum was present. I considered the action of the sun's heat upon his unprotected head as the cause of the sickness, and prescribed *glonoin* 3d, two drops every three hours, and allowed the compresses of vinegar which had been applied to the head to be continued. Perspiration set in speedily in this case also, and at eleven o'clock in the evening the boy was awake and sprightly, and escaped from the danger of a severe illness.

In the hyperæmia of the brain, coincident to scarlatina and variola, where frequently the headache is excessive, *glonoin* has proved an admirable remedy.—*Allgemeine Homöopathische Zeitung.*

FERRUM PHOSPHORICUM IN RHEUMATISM.

CLINICAL CASES FROM PRACTICE.

BY A. PLATE, OF OSTERBURG.

I will furnish to-day the history of several cases to illustrate the remedial action of *ferrum phosphoricum.*

Case I.—On the 6th of January a boy of sixteen years came under my treatment. He had been ill for six days, and was constantly growing worse. He was suffering from rheumatism, and the joints were slightly swollen and reddened. The pain was aggravated by the slightest motion. It wandered from one joint to another, although those first attacked were not free from pain. Those of the hand, shoulder and hip were principally effected.

Patient was prescribed *ferrum phosphoricum*, 4th, a dose every three hours.

January 7—The pain is more endurable; *ferrum* continued.

January 10—Every symptom has disappeared. Recovery occurred within four days.

Case II.—A youth, aged nineteen, has suffered five days with rheumatism. The hip, knee, and ankle joints are afflicted. He shrieks with pain at the slightest movement or pressure. Such was the condition on the 9th of January. *Ferrum phosphoricum*, 4th, was prescribed. Two days later information was received that all pain had disappeared, and that the patient was walking about the house.—*Allgemeine Homöopathische Zeitung.*

CHOLERA EPIDEMIC IN EUROPE IN 1873.—The London *Medical Record*, says that during the past year there were 433,295 cases of cholera in Hungary, and that of this number 247,718 persons recovered, 182,549 are dead, and 2,978 remain under treatment. Croatia and Slavonia, the ancient military boundaries, are not included in these lists, nor are the victims whom cholera carried off when it broke out at the end of 1872 in Buda and Upper Hungary. The population of the countries of the crown of St. Stephen amount to 16,000,000, and since it is estimated that altogether they have lost this year 200,000 souls by cholera, it follows that one in thirty of the inhabitants has fallen beneath this terrible scourge.

A new Homœopathic Hospital is to be built on a large scale in Boston.

Correspondence.

STATE HOMŒOPATHIC ASYLUM FOR THE INSANE,
MIDDLETOWN, N. Y., January 27, 1874.

Editors Medical Union:

At the late quarterly meeting of the Orange County Homœopathic Medical Society the following resolutions were unanimously adopted, based on the suggestion offered in the November number of THE MEDICAL UNION:

WHEREAS, It seems eminently fitting and proper that a statue of Samuel Hahnemann should adorn the building or grounds of the State Homœopathic Asylum for the Insane, at Middletown, N. Y.—the first insane asylum in the world which adopts the mode of practice which he promulgated—and

WHEREAS, Such a project has been considered, but as yet has been placed in the hands of no well organized committee; and

WHEREAS, The Homœopathic Medical Society of Orange County numbers among its members two of the trustees and the Superintendent of said Asylum; therefore

Resolved, That it rightfully devolves upon us to take this matter in charge and carry it on to consummation.

Resolved, That a committee of five be appointed to solicit subscriptions from every known member of our profession for the purpose of procuring such a statue, as aforesaid, and that all sums received for this purpose be duly acknowledged to the donor.

Resolved, That the committee be instructed to procure such statue, and provide for its erection on the grounds of the State Homœopathic Asylum for the Insane at Middletown, N. Y.

The committee appointed in pursuance of these resolutions were Drs. J. J. Mitchell, of Newburgh; D. W. C. Jayne, of Florida; J. Ostrom, of Goshen; F. W. Seward and Henry R. Stiles, of Middletown. Yours truly, HENRY R. STILES.

Transactions of Societies.

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The monthly meeting of the New York County Homœopathic Medical Society was held at the New York Homœopathic Ophthalmic Hospital, Wednesday evening, January 14th.

The newly inaugurated President, Dr. William Tod Helmuth was in the chair.

The minutes of the previous meeting were read, wherein the retiring Secretary took occasion to comment upon the transactions of the society for the past year. The society was shown to have maintained its accustomed prosperity. Numerous valuable papers had been presented, and an unusual degree of interest had been displayed in the meetings.

Nineteen new members were added to the society during the past year, and a medical library established.

Six physicians were proposed at this meeting for membership, and Drs. Travens and Miller were unanimously elected as members.

The President, Dr. Helmuth, delivered an inaugural address, which was interesting as well as appropriate, and was listened to with marked attention and received with applause.

The Doctor said that some were fitted by taste and inclination to fill executive posts with honor, and that he need not refer here to the well-known ability of his predecessor. As for himself, he entered upon his new duties with much trepidation, but would act according to the best of his abilities.

He spoke of the object of medical societies, and of the value of their proceedings to the profession, and to the general welfare of the laity. Although, he said, they are powerful agents to do good—their action benefitting not only individuals but communities—yet they are often subverted to the display of spleen, jealousy and party strife, and serve to fan the flame of discord and sow the seeds of disorder. Many good men avoid societies because their material end is thus transformed.

He hoped that in the discussions of the society personal disputes will not enter, as the seeds of dissension must not be sown, nor the apple of discord thrown into our midst. The object of our society is the promotion of scientific researches, and should be characterized by scientific liberality.

He alluded to the advantages to be derived by the physician from a constant attendance upon societies, and of the benefits of the social intercourse and the interchange of thought at these meetings.

He urged upon the society the importance of dispassionate discussions of whatever questions that may arise, and cautioned them as Homœopathists to be guarded in the expression of their opinion.

The report of the committee on legislation was presented by Dr. Paine. The reports of the Hahnemann Hospital had been carefully examined, and it was decided that the charges which have been made against Dr. Seeger are not proven.

A circular was read in reference to the publication of the transactions of the State Society, and it was voted that the resolutions in reference thereto be adopted, and that a copy of it be sent to the members of the Assembly from this district.

The society expressed their strong indignation at the insult recently offered to Dr. Verdi by the Sanitary Science Association, and it was moved and seconded that the society should, independently of other bodies, firmly protest against such narrow-minded and illiberal action.

A few minutes were then devoted to miscellaneous business and the meeting adjourned.

Reviews of Books.

CONTRIBUTIONS TO SOLAR PHYSICS.

1.—A Popular Account of Inquiries into the Physical Condition of the Sun, with special reference to Recent Spectroscopic Researches. 2.—Communications to the Royal Society of London and the French Academy Sciences, with Notes. By J. Norman Lockyear, F.R.S. London : MacMillan & Co.

In the first part of this elegant work, the author has attempted to give a sketch of the various inquiries into the physical condition of the sun. In doing this, he has treated with great fullness spectrum analysis, giving a large amount of information on this new science in its special relation to its solar applications.

The second part, which consists of the author's papers before the Royal Society and the French Academy of Science, extend over a vast field of scientific investigation, in which the subjects are treated with the fullness and clearness characteristic of the author. The cost of the volume, ten dollars, will confine its sale to a favored few.

A Report on the Cerebral Affections of Infancy. By Edward Copeman, M. D. J. P. Lippincott & Co., Philadelphia : New York, 25 Bond street.

The terrible mortality in infancy and early childhood, by which nearly one-half of all born into the world perish before reaching the age of five years, is quite sufficient to cause us to read with peculiar interest any work which is calculated to cast light upon those diseases so common in the early period of life. The above work, without any particular claim to originality, presents in a condensed but very clear and readable manner, the most advanced ideas of the leading physiologists and pathologists upon the disorganizations of the brain in early childhood. To this excellent resumé of the investigation of others, are added the practical comments drawn from the large experience of the author, which materially enhances the value of the work.

The final conclusions of the author read almost as if written by a homœopathist. "In the treatment of diseases of children," he says, "the following circumstances seem especially deserving of consideration:

"1.—The delicate, perhaps incomplete structure of the vital organs; the intolerance, for the most part, of powerful medicines or doses ; and the great restorative powers of nature at an early period of life.

"2.—The necessity for adapting our remedial agents to the delicacy and susceptibility of the structures they are intended to influence, and fulfilling any given indication of treatment by the least possible violence or precipitancy—by the gentlest possible means.

"3.—Whilst entertaining a just idea of the nature and history of the disease we have to treat, we must at the same time minutely observe particular symptoms, and vary our plan of treatment according to the information which those symptoms are capable of affording."

Condensed News Items.

A paper was recently read before the French Academy extolling the virtues of buttermilk. It claims for this article a good share of the acid which destroys the incrustations which form on the arteries, cartilages, and valves of the heart, and believes a constant use of buttermilk will free the system from troubles which inevitably cause death between the seventy-fifth and hundredth years of man's life.

A Mrs. Sherman, of New Hampshire, declares through the press, that she has been cured of a spinal disease of long standing, in response to fervent prayer. The prescription is certainly a most excellent one, whether it did or did not effect the cure in question.

Pension Office.—Dr. J. Freeman Atwood has been appointed by the Commissioner of Pensions Examining Surgeon on the Board of Pensions for Brooklyn.

Absolutely pure iron is said to have been prepared by a Russian chemist by means of the galvanic battery. It is a silver-white metal, very malleable and ductile, and so soft as to be easily cut with knife or scissors.

During the operation of amputating a gangrened finger, recently, Dr. Reiner, of Stillwater, Minn., was inoculated by the poison, through a slight cut in the thumb, and will die from its effects.

Mrs. Dr. Richie, of Albia, Iowa, has a plain gold ring 150 years old. It served as the wedding ring of herself, her mother, grandmother, great-grandmother and great-great-grandmother.

Rats are being advocated in this city as an article of food. Hamlet's exclamation of "a rat—a rat for a ducat," may soon become a significant expression with hucksters and butchers.

A patent medicine proprietor in London proposes to build and endow a strangers' hospital at his own expense.

A peculiar and malignant type of spotted fever is said to be raging in and around Carrolltown, Illinois.

John R. Lynch, the colored member of the House from Natchez, Miss., is the youngest man in Congress.

Scientific Gleanings.

Extra Uterine Pregnancy—Operation—Death.—M. Depaul related the following case in the *Société de Chirurgie* of Paris, December 17 1873: A woman, recently married, thirty-two years old, menstruated for the last time in December, 1872, and afterwards presented the usual progressive symptoms of pregnancy. One day she fell and received a violent blow across the abdomen. From this she suffered for a long time, but went on to the full period, and labor began. The pains were severe and her efforts strong, but that was all. From this time she suffered from continual pains in the abdomen and persistent vomitings. On the tenth of November, 1873, she entered the hospital, and M. Depaul examined her for the first time. The abdomen was moderately enlarged, painful, difficult to explore, and there was fever. At the level of the navel there was a soft, fluctuating mass which extended upwards above the umbilicus. The sensation of abdominal ballotement was well marked. The neck of the uterus was half open, soft, and admitted the first phalanx of the finger. The breasts contained a little milky fluid. Extra uterine pregnancy was diagnosed. For fifteen days after admission to the hospital the inflammatory condition increased—fever, vomiting, increase of size. An exploratory puncture was now made, and a gallon of purulent liquid drawn off. The patient was immediately relieved from pain and the vomiting ceased. On the second of December, 1873, M. Depaul performed gastrotomy. The incision extended from the umbilicus to the pubes. There was an issue of pus from the incision; the fœtus was held by a natural cord and placenta; the placenta was so adherent that it was left in position. The day after the operation, and for several days, there was great improvement in the general condition of the patient—the fever subsided and the appetite revived. The dressings were frequently changed, and the permanganate of *potassa* used as a disinfectant. On the eighth day after the operation, all of a sudden, she fainted, the dressings were soaked with blood, and in less than an hour she was dead. A little over a pound of blood clots was found in the sac. This sac was formed by an adhesion of the anterior wall of the abdomen, one kidney, part of the stomach, the intestines, and bladder. The left fallopian tube opened directly into this cavity. The source of the fatal hemorrhage was not discovered at the time of M. Depaul's report.

Permanganate of Potash in Spontaneous Gangrene.—M. Tirifahy lately presented a memoir to the *Académie Royale de Médecine de Belgique* upon this topic. He claims that "this substance applied in fomentations, frequently renewed, to mortifying surfaces, is not only an oxyganizing agent, penetrating to the blood which nourishes the threatened tissues, but it is also a disinfectant which neutralizes the septic poison." The memoir of M. Tirifahy elicited the supporting testimony of several other surgeons as to the beneficial action of this agent in relieving the pain, and in some cases arresting the advance of spontaneous gangrene.

The Abortive Treatment of Acute Gonorrhea.—Dr. Ledegault (Brussels) communicates, in a brochure of ten pages, some new experiments in this field. 1. To judge of the appropriateness of the abortive treatment in a given case, we must have regard, not to the duration of the disease, but to the seat of the inflammation. 2. The use of the abortive means is rational, if the disease be limited to the fossa naricularis, while its advance seems for the moment checked; this is usually the case towards the third day of the disease. 3. The method is very simple: it consists in lightly touching the fossa naricularis with lunar caustic. 4. If the third day has passed, the inflammation has probably extended beyond the fossa naricularis, and the success of the abortive treatment is very doubtful.—*Schmidt's Jahrsbücher, October*, 1873.

Cod Liver Oil Bread.—In order to disguise the taste of cod liver oil, M. M. Carré and Lemoine have prepared a special kind of bread made with the oil in the following way: Oil, 75 grammes; flour, 335 grammes; milk, 90. The oil is first incorporated with the flour. The paste is divided into small loaves of about a quarter of a pound each, which have scarcely any taste, and are of a very agreeable appearance. Dr. Bouchul, of the Children's Hospital, has made a very satisfactory trial of this new means of administering cod liver oil.

New Material for Dental Plates.—Fish scales dissolved and combined with certain fibrous and adhesive substances form a compound said to be well adapted for dental plates. It is capable of receiving a fine polish and being colored any tint desired, and possesses great strength and durability.

Cholera.—Tarkse and Johnson having attributed cholera collapse to a contraction of the vessels in the lungs, it has been suggested that *muscarin* (an alkaloid derived from a poisonous mushroom), which produces an almost precisely similar condition, is homœopathic to that stage of cholera.

Goitre.—M. Bergeret thinks he has proved that goitre is produced by the use of waters containing an excess of sulphate of lime. His deductions are drawn from experiments made during an epidemic of goitre in a regiment of soldiers.

Publisher's Department.

S. J. ALBRIGHT, Publisher.

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Ancient Scientific Chronology.

Gold and silver coined at Argos	B. C.,	894
Copper money coined at Rome	"	580
Sun dials used in Rome	"	308
Time divided into hours	"	293
Guns first used in England	A. D.,	663
Arithmetical figures introduced by the Arabs	"	966

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Original Articles.

PROLIFEROUS INFLAMMATION OF THE MIDDLE EAR.

BY WILLIAM N. GUERNSEY, M. D.

Sclerosis, or dry catarrh of the middle ear, is a not unfrequent disease, and within the last few years has been separated from the gradually diminishing class of ailments which were supposed to be of nervous origin.

In all of the later works on otology this disease receives separate mention, and Gruber makes extensive remarks upon it, giving an exhaustive description of its pathology, as also of its etiology. He considers that from some cause or other, there is first a great hyperæmia with distension of the membrane, and in part, a new formation of blood vessels and increase of the intercellular fluid. The connective tissue corpuscles are increased. The tissue of the inflamed mucous membrane is less moist than in the catarrhal form. The new formations, or new elementary formations, go on to a higher development. The most various adhesions may occur, or a soft connective substance appears, which is evenly spread over the whole portion that was originally inflamed, and thus leads to hypertrophy of the mucous membrane, or it may go on to granular formation. Many of these new formations may also undergo regressive metamorphosis; they may undergo molecular disintegration, become fatty and be absorbed.

As a result of this pathological process, connective tissue formations take place, the mucous membrane lining the tube is often covered with dense fibrous tissue, and the cavity of the tympanum partially obliterated by fibrous growths and adhesions of the drum-head to the labyrinth wall. False membrane is often found upon the tensor tympani muscle, and exostoses and anchylosis of the bones are frequently present.

The symptoms of this disease are not so prominent as in the simple chronic catarrhal form of inflammation.

The subjective are but few, and the most prominent one is the tinnitus aurium, which often attains a very severe degree.

The objective are the same as those in chronic catarrhal inflammation, with the exception that there is an absence of naso-pharyngeal inflammation.

All authors agree that this disease is exceedly insiduous, and that it is difficult to trace its origin, or link it with any chain of causes, and also, that it is very intractable to treatment.

Such, in brief, is the history of proliferous catarrh.

Catarrh is very properly the appellative generally given to inflammations of the mucous membrane; but it has seemed questionable to me whether it can be rightly applied to a variety of inflammation which is accompanied by none of the ordinary symptoms of catarrh. Is it not reasonable to doubt whether sclerosis, as customarily taught, is primarily or solely a catarrhal inflammation? From a careful consideration of its history, may it not be rightly inferred that it may be dependent upon some diathesis or derangement of the system, and that the pathological appearances of the mucous membrane lining the middle ear may be the result of some secondary inflammation?

It is doubtless well known that not all cases of aural catarrh are not only not benefited by the use of Politzer's method in the treatment, but that many times the symptoms are aggravated by its application. This occurs frequently when the diagnostic tube reveals that the eustachian tube is easily permeable, and not occluded by a secretion of mucous. The deterioration of the hearing power cannot, in such cases, be dependent upon a forcing of mucous into the tympanic cavity or against the membrana tympani.

It has also, undoubtedly, been frequently observed that inflation of the middle ear with air through the eustachian catheter, likewise often

aggravates the affection; or that if air is blown into the ear with great force all of the symptoms are increased in intensity; but if forced in gently there is a slight amelioration of the symptoms.

Every aurist cannot but have noticed that the use of the eustachian catheter often relieves when the Politzer's method does not, and that frequently stimulating applications to the throat and orifices of the eustachian tubes, even when there is no appreciable catarrh of the naso-pharyngeal space, produces greater relief than inflation of the middle ear by either of the above methods.

Further, it is generally found upon examination of the eustachian tube with the bougie in these cases, that the calibre of the tube is but very slightly or not at all diminished. and upon the withdrawal of the instrument that it is not covered with mucous.

These facts would lead us to seek for other causes than simple catarrh for their explanation, as there is evidently an obstacle to the free transit of air through the tube, aside from swelling of the mucous membrane or exudation.

Dr. Weber-Liel, of Berlin, endeavors to explain these conditions by considering this affection dependent upon imperfect action of the muscles of the throat and eustachian tube.

Disturbances of their function play an active part in the origin and development of this disease, as also of the most frequent forms of progressive deafness.

He has observed that this disease occurs most frequently in those who are suffering from anæmia, whether produced by exhaustive diseases, as typhoid fever, variola, or by depressing circumstances, unbridled play of the passions, tuberculous dyscrasiæ, etc. It also occurs more frequently in women than men, and appears to be hereditary. In brief, it is generally coincident with those conditions of the system which are accompanied either by partial or general muscular weakness.

From his point of view all the pathological appearances and all the symptoms are brought into harmony. Numerous investigations were made upon the cadaver, and diseased conditions of the muscles pertaining to the ear and throat were found in every case.

From experiments which have been made under compressed air, he concluded that the eustachian tube is normally sufficiently open to allow slight ingress and egress of air during respiration, and that it is necessary for the maintenance of a healthy condition of this organ that it should be so.

Now if the action of the muscles of the throat are impaired, either consequent to catarrhal inflammation, diphtheria, or nervous derangements, the normal patency of the tube is interfered with. If the tensor veli becomes slightly impaired in its action, there ensues a collapse of the tube, and its walls fall together, and there results a disturbance of the ventilation of the cavity of the tympanum. Where these conditions obtain, if the act of deglutition is not frequently performed and air forced into the tube thereby, the membrana tympani becomes retracted, and the chain of bones are pressed inwards.

If the paralysis of tensor veli attains a higher degree, the elasticity of the cartilage of the tube overpowers the muscles, and its walls are brought into closer apposition. Owing to the collapsed condition of the tube, the tensor tympani muscle is drawn upon and its contraction results. Contraction of the tensor tympani entails greater tension of the membrana tympani, rotation of the hammer upon its axis, a greater strain upon the chain of bones, and a pressure of the stapes into the foramen ovale. In this manner there arises a permanent increase of the intra-labyrinthal pressure, which explains the most constant as well as annoying symptom of this disease—the tinnitus aurium.

The pathological formations which occur may be considered as secondary to the impairment of muscular action, and arise principally from vasomotor disturbances. If the ventilation of the tympanic cavity has been interrupted for a considerable length of time by disturbances of equilibrium of the muscles, and the membrana tympani and the chain of bones have been under extreme tension from contraction of the tensor tympani and the intra-labyrinthal pressure increased, there must ensue a derangement of the circulation of the tympanum, the blood will be obstructed in its course, and the capillaries undergo so great a pressure that endosmosis and exosmosis of their contents will arise, and infiltrations result. From the stasis which is produced, an abnormal amount of mucous is secreted, and a proliferation of the cellular elements occurs, which gives rise to a chronic catarrhal condition of the cavity of the tympanum and the sclerosis of its mucous membrane, which Gruber describes as that of plastic inflammation.

The stasis will, of course, depend somewhat upon whether there co-exists local or general circulatory disturbances in the track of the superior vena cava. Consequently the most perfect forms of this secondary catarrhal inflammation are found in those suffering either with diseases of the lungs, heart, or liver.

Owing to this hyperæmic condition of the cavity of the tympanum, it becomes a *locus minoris resistentiæ*, and is liable to frequent attacks of inflammation. Then, if the exudative products are not speedily removed, they act as irritating foreign bodies; and finally, by constant irritation, the mucous membrane becomes thickened and sclerotic, and from the imperfect action of the muscles there arise points of extreme and con-

stant hyperæmia, whereby exostoses and anchyloses result. The prognosis of this affection is yet less favorable than nearly all other forms of affections of the ear. Anti-catarrhal treatment produces but little effect, and statistics have generally shown this disease, excepting in its earliest stages, to be utterly intractable. But if the treatment be instituted with reference to the paralysis of the muscles of the ear, good results are frequently obtained.

The origin of the muscular impairment should be ascertained, and if possible removed, and the muscles be restored to a healthy condition. Tonic treatment is generally indicated, and the application of electricity to the eustachian tube, and injections of stimulating applications through the eustachian catheter are necessary. Electricity will often entirely relieve the tinnitus aurium, and the injections not only act beneficially upon the diseased mucous membrane, but also, by irritation of the peripheral nerves, upon the muscles also.

In connection with these measures, air should be gently forced into the tympanic cavity through the eustachian catheter at frequent intervals. In protracted and obstinate cases, the operation of the division of the tensor tympani often procures some relief.

SPINAL IRRITATION TREATED BY ELECTRICITY.

BY MRS. DR. FILLETTE.

In the early part of May last I was called to see Miss R., a young lady twenty years of age. I found her confined to her bed, not having set up more than five minutes at any time during a period of as many months. She was suffering from spinal irritation; extremities cold, clammy, and death-like; head hot; bright flush upon the cheeks, with continual and intense pain in the spine, at a point just above the waist, which she described as having the feeling of a nail being driven into it. The entire spinal column was so sensitive as to preclude the slightest pressure, without producing nausea and great suffering; constant and annoying cough, with considerable soreness in the left lung. All of the symptoms very much aggravated by the monthly recurrence of her menstrual period, which she described as "terrible to bear."

Upon making a uterine examination I found the conditions normal, with the single exception of a slight congestion of the os tincæ. Treatment was commenced May 6th, by using induced current, with positive pole under the spine about the waist—this being but an inch below the seat of pain; negative through myself, with *very gentle* current, rubbed briskly over the entire fore part of the body ten minutes. The agentive was then placed at the feet, positive through the operator, with an almost imperceptible current, five minutes was devoted to the head; increasing the strength of the current, ten minutes was then given to the cervical sympathetic and the pneumogastric nerves; again reversing the pole, having the negative at the feet and the positive through the operator, ten minutes was devoted to the lower limbs, with the current as strong as the patient could comfortably bear. This mode of application was continued twice a week during three months, with but slight variation, and only changed at these times to meet complications.

During the first two weeks the result was by no means satisfactory, the patient complaining of feeling weary and restless after the treatment, with pain in spine more severe, etc. This, however, proved to be only a nervous aggravation, for within a month the circulation had visibly improved, her head ached less, menstrual disorder was very much improved; and thus, slowly but steadily, she continued to progress each day, until at the expiration of the third month, when I discontinued my visit, she was well enough to drive out half an hour each day.

The only internal remedies given during the treatment was an occasional dose of *sulphur* of the two-hundredth, and a mixture of equal parts *olive oil* and *claret wine*, a tablespoonful three times a day for the cough.

She has, under my instructions, faithfully continued the use of the battery for six months, omitting each third month.

She called to see me a few days since, having walked from Twenty-seventh Street to my office, looking well, and feeling, as she declared, "quite like other folks." On inquiry, I learned that she still had a slight pain in the spine, but was informed that she "could not part with that little, as it had been her constant companion since childhood."

Mortality in Large Cities.—Dr. Charles P. Russell gives a tabulated statement of the mortality of the various States of the Union, from which we borrow the following regarding the death rates of various cities: The highest death rate in 1872 was exhibited by Memphis, where the deaths were 46.6 in each 1,000 inhabitants. Other cities followed in this order: Savannah, 39.2; Vicksburg, 36.5; Troy, 34; Hoboken, 32.9; New York, 32.7; Newark, 31.6; New Orleans, 30.6; Boston, 30.5. The rate for Philadelphia was only 26.1; Brooklyn, 28.1; St. Louis, 20.1; Chicago, 27.6; Baltimore, 25.1; Cincinnati, 20.5; San Francisco, 17.2. This compares not unfavorably with the mortuary statistics of British cities, where the lowest rate was 21.4; that of London, Bombay, and Calcutta show only 29.2 and 25, respectively. The highest known death-rate prevails in Valparaiso, Chili: 66.9.

INSTRUMENTAL DELIVERY.

BY EGBERT GUERNSEY, M. D.

It is a misfortune, that much we have learned in text-books and the lectures of the learned professors, we are obliged to unlearn when we become fairly engaged in our work in the broad field of practice. The process is sometimes a difficult and a painful one, for it is not pleasant, when brought face to face with difficulties, to find that much of the instruction you have received is worse than useless; and yet, perhaps, the fault was not the teacher's. They may have given, and probably did, the most advanced ideas up to the time in which the books were written and the lectures given. The great error in text-books and among teachers is too much theory, too much of blindly following old ideas, and too little of that practical teaching which comes from close and thoughtful observation in the sick-room. Theories may be very good, but they should be confirmed by practical results; and those teachers, either in the lecture-room or in books, who present, not only theoretical knowledge, but that careful instruction, the result of experience acquired often in the hour of danger in the sick-room, when every faculty is quickened by the urgency of the case, are the safest guides; and yet no text-book, however profound—no lecturer, however clear and practical his teaching—can make plain and easy the path in every emergency and in every hour of danger. Much must be left to individual skill as to when and how to act with the promptness and intelligence necessary to command success.

In our student days there seemed to be an almost universal dread in the profession to the use of forceps to expedite delivery. The instrument was used then only as a last emergency, and many a poor woman was permitted to remain in labor hour after hour, until the strength had utterly failed and the overstrung nervous system goaded almost, if not quite, to convulsions. The life of the child. perhaps, was sacrificed, and that of the mother endangered by a delay worse than useless, and a neglect almost criminal. We can look back now upon our early professional career to the lives of children sacrificed, and to mothers whose nervous systems received a shock from which they never recovered, because, in obedience to our instruction, we waited like cowards instead of acting like men. All this is changed to a very great extent at the present time, our more recent text-books and ablest lecturers fully recognizing in their instructions the necessity of prompt action in place of the old criminal delay. But yet, even now, the old dread of forceps seems to hang around many otherwise enlightened physicians. Only a short time since I was called in consultation to see a lady who had been in labor over seventy hours. She was so completely exhausted that the contractions of the womb were so slight as to produce no effect. The forceps were applied and she was speedily delivered of a dead child which had perished during the labor, and which, if the instrument had been used sixty hours before, might have been saved, and the mother spared untold anguish. A few weeks ago a case came under my observation where a lady was taken with labor Saturday evening. She was kept walking until she was too much exhausted to walk any more. Day after day and night after night passed without sleep; walking the floor when she had strength, and when her strength was gone, throwing herself on the bed in that terrible anguish which caused her to pray for death as a relief from her misery. Tuesday evening came, and still no relief. A dose of castor oil was given, and she was told when that commenced to act labor pains would be more effectual. But the oil did not act, and late at night she was placed under morphine and obtained the first sleep since Saturday evening. Wednesday, more oil was given, and Wednesday evening a child was delivered weighing sixteen pounds. The forceps were used at last when the child was dead, and the mother, who had suffered all those long days and nights the tortures of hell, was so exhausted that they dared not give her chloroform when they pulled with all their strength the dead child from the living womb. Was there any reason why the forceps could not have been used three days before? Not one, except the timidity of the physicians, and worse than cowardice which left to nature what they should have done themselves; and yet these physicians were not homœopaths, but members of the *New York Academy of Medicine; regular orthodox physicians*, upon whose pure souls rested no stain of heresy.

Careful observation shows that the longer the labor the greater is the danger both to the mother and child, and that the mortality to the mother is far less where the forceps are used early than where the case is left for a long time to the unassisted work of nature, and in accordance with the old rule, the forceps only used when the patient is almost moribund from the long and fearful strain upon her vitality. We are told to be careful how we interfere with nature; that nature is all-powerful, and if left to herself is quite competent to accomplish her ends, and so long as there is the slightest advance to the head, to wait; and even when there is no advance to wait four, five or six hours, until the strength gives way, before coming to the aid of nature. Do we not forget in our great respect for nature that we are there to help her, and where that help is judiciously rendered we best fulfil our duties as physicians? If nature is to do all the work the case might just as well be left to the intelligent nurse as to the carefully educated physician.

Sir James Simpson says, and the observations of hundreds of careful obstetricians bear him out in the assertion, that the mortality to the mother and child is far greater in labors prolonged beyond thirty-six hours than in those which terminate within the first twenty-four. This statement is backed by ample statistics.

It is difficult to understand the great dislike which many physicians have to the use of forceps, or why they should insist on waiting hour after hour for the slow, and often ineffectual efforts of nature, when the labor could safely be terminated in a few moments.

If the labor is exceedingly slow, from the weakness of the pains, and the head is in a favorable position, I am accustomed to apply the forceps with but little delay. If in these cases the womb is well dilated, and there is no mechanical obstruction, and it is evident that a few strong expulsive pains will deliver the child, I give just sufficient *secale* to bring on contraction. When the first stage of labor is completed and the head remains stationary, notwithstanding strong pains, I would not wait longer than an hour before coming to the aid of the mother. In cases of convulsions, prompt delivery is indicated, and where the womb is not sufficiently dilated, mechanical dilatation should be used until the space is sufficiently large to insert the forceps. In cases favorable to operating, when the courage is giving way and the sufferer becoming impatient, we should not hesitate to use the forceps early, before the nervous system becomes unstrung by the great strain upon it. A short time since I was in attendance upon a lady whose first child was delivered with instruments after a labor of twenty hours. The shock to her nervous system had been so great that it was months before she entirely recovered. This labor was plain and simple, and for two hours progressed as favorably as could be wished. At this time she began to grow impatient and exceedingly nervous; she knew she should die unless I used the instruments. Under the effect of the nervous excitement the pains began to subside. There was no use in waiting, and she was placed under chloroform and the child promptly delivered. She made a rapid recovery without one unpleasant symptom.

As much as we deprecate any useless interference with nature, we still more strongly deprecate that waiting and halting by which so much agony is produced, and through which so many lives are lost. In the hands of a man of ordinary intelligence and skill, the forceps are perfectly safe, with no more danger, when carefully applied, of injury to the parts from laceration, than from the natural course of labor.

In Maine they are said to be extracting a common article of sugar from sawdust.

ACUTE DISEASE.

BY ROBERT A. CHESEBROUGH.

If the day shall ever dawn when medicine shall be classed amongst the exact sciences, and the true causes of acute disease shall be understood by the physician, we may confidently expect that the power to successfully cope with and overcome its direful results will naturally follow.

The gradual decay arising from long use or abuse of the organs of the body, we of course do not refer to, for death is the inevitable result of life; and all machinery, whether human or otherwise, must wear out in time, its period of existence depending upon its stamina and the work it performs.

In our day we do not look with "unsatisfied longing" for that *elixir vitæ* which is to restore health and youth to the worn-out frame, to bring back strength to senility, any more than we expect to transmute the baser metals into gold. These are dreams of a past age, which have been swept away by the advancing waves of a purer intelligence. But while we submit with resignation to the decree of nature, we may well look forward to, and hope for the time when new knowledge shall enable us to rob the pestilence of its victims, and to arrest the sickness and mortality resulting from the long train of miasmatic, epidemic and contagious disorders which now devastate the earth. That time will have come, when a true understanding of their cause shall have been arrived at, and when a speculative diagnosis shall have been reduced to a certain one—for the first element to success in overcoming any difficulty, lies in a thorough comprehension of its nature.

There seems to us no more attractive elucidation of the cause of acute disease than that which is known as the germ theory. As a theory, it is not new, for more than two centuries ago it was proposed by Kircher as an explanation of the spread and ravages of the plague; but it was not until recently that experiment and the disclosures of the microscope have given, to what was then considered a mere suggestion, a prominent place in the estimation of scientists and medical experts.

It is not intended at present to elaborately discuss the merits or demerits of this theory, as the grounds have been very thoroughly and ably gone over by those better able to examine it, but only to hastily glance at a few of the bases which appear to sustain it.

First, then, it may be stated as a fact, that life is abundant everywhere in our world, springing into being with apparent spontaniety. Earth, air and water are teeming with it in marvelous variety, and in infinite magnitude. A ray of sunlight admitted into a darkened room, appears as full of infinitesimal particles floating and suspended in it, which are shown to be cryptogamic

vegetable spores, pervading the entire atmosphere which we breathe. That these consist of organic matter has recently been conclusively proven by Prof. Tyndall, in a series of interesting experiments. The microscope shows us that the water we drink teems with wondrous forms of life, displaying vigor and singular activity. That these organisms, when received into the human system, are usually harmless, is proven by the vast quantities we must necessarily absorb from the air and water without injury; but that others of a parasitic order may under certain conditions mingle with them, and when absorbed into the system prove noxious in a high degree, would seem equally probable.

In the higher orders of life, existence is prolonged and multiplication slower, while in the lower orders propagation is generally speedy and sometimes inconceivably rapid, while the extent of germination appears as almost limitless; and it has been estimated that the spores of a single fungus Lycoperdon exceed in numbers the inhabitants of the earth.

Miasmatic fever is indisputably due to decaying vegetable matter; and as this matter generates fungi and algæ peculiar to itself, it would seem reasonable to assume that the disease resulted from their parasitic and poisonous influence on the human system.

Typhoid fever is acknowledged as resulting from decaying animal matter, which again is known to germinate epiphytes of a different order, and we may allow, of a more dangerous type, and thus account for its more deadly effect upon the system by the absorbtion into the blood. While we believe that in these cases the actual presence of germs or spores have not been determined, in other diseases they have been found both existing and germinating. In diphtheria, croup, the itch, cholera, scarlet fever, trichinæ, and other diseases, their presence has been suspected, and in some cases clearly proved. It is well known that parasitic germs infest the intestines of sheep and dogs, especially those fed upon raw meat, and sometimes to the extent of prematurely causing death; and their presence in the blood of men and animals, suffering from acute disease, has frequently been found.

In our judgment, the propagation of infectious and contagious disorders can scarcely be accounted for satisfactorily on any other hypothesis. The rapidity with which the cholera and the plague run their course, and the slowness and regularity with which other diseases progress, add strength to the argument. In the one case, the cryptogamic germs may multiply with frightful rapidity, feeding on the blood and soon destroying vitality, while in the other case, being organisms of a different character, their growth may be slower, and their effect less fatal, while their power of reproduction may attain its limit after or at a certain stage of the disease. The scrofulous tendency of the male is communicated to his offspring, the healthful living organisms of the seed being contaminated with what, in our present light on the subject, we can scarcely deny, may be living poisonous vibriones, which slowly progress and develop in the new life, exhibiting the predisposition of the parent, and again transmitting it.

Blood and skin diseases—even leprosy itself—may be accounted for on the theory of inherited or *local cryptogamic contagion.* The inflammation and suppuration of wounds and cuts may result from the deposit on them of the organic spores in the air, which attack and then fructify and feed upon these contused surfaces. Dead and decaying animal matter rapidly generates immense numbers of bacteria, and it is at least questionable if its decomposition is not attributable to, rather than resulting in their production. Plants, animals and insects, it is well known, perish from their attacks, and we can see no reason why acute disease in man should not result from their absorption into, and generation in his body. In other words, mankind is devoured or poisoned. The poison may be slight and slow, almost immaterial, or it may be deadly and rapid, according to the species of the parasite, its powers of reproduction, and its influence upon the system.

Looking at the subject in its physical aspect, it may be said that heat is the source of life, and that in absolute cold—could such an atmosphere be obtained—neither life nor death could exist. By physical death we mean decomposition or oxydation, for heat seems necessary to this process; and we find that even at the obtainable temperature of zero, animal decomposition is slow, while at a temperature of 459 deg. below zero, which has been determined by Soulé as the point of absolute cold, we may well consider it impossible.

Wherever the rays of the sun penetrate, or their influence is felt, there life exists, and oxydation progresses. Under the nurture of heat, all organisms, animal and vegetable, spring into existence, run their short race, and become the prey of others, they yielding in turn to the influence of the imponderable ether which was the cause of their being. It thus seems a physical law of nature, that heat is both the cause of life and of decay. Even minerals are not exempt from it, for the rust which consumes the iron is a species of fungus which eats out its vitality, as the maggots prey on animal matter, and the algæ and epiphytes devour the fallen oak. It may be deemed empirical in the extreme, but it has seemed to us possible, that even flame itself may be of fungus character. The nature of fire is imperfectly understood. It is called an element, and combustion is deemed as a rapid chemical decomposition; but its laws and source are en-

tirely incomprehensible, and we can only note and speculate upon its surprising effects. In the animal kingdom we know that there are creatures of vast bulk and great power, and that in pre-historic times even mightier races existed. Is it not possible that a fungus may exist, capable of devouring all other substances, of germinating and extending itself with inconceivable rapidity, and of producing the same results we attribute to fire, and being in itself the prime cause of decay and oxidization, through its result, heat; and when accumulated under certain conditions producing flame? Such a speculation at least presents attractive features to the scientific enquirer.

If the germ theory shall finally be determined as the true cause of acute disease, the skill of the physician will be directed to neutralizing and exterminating the organisms from which it springs, and from such light as we now possess, we believe his attention will be directed for remedies to those antiseptic substances which possess the power of arresting decay and decomposition—such as the purer forms of carbon, and especially petroleum.

Every poison has its antidote; and we may expect to find this to be true, even in this instance, when from our present groping in the dark we shall emerge into the sunlight of perfected knowledge.

Meantime, medical science is making progress unknown in the previous history of the world. The rubbish and ignorance of past ages are being buried with the superstitions which gave life to them; and in the new light which promises so much, we opine that the sheet-anchor of the profession will be the microscope.

Cases of Congenital Hæmatoma of the Neck.—Dr. Luigi Monti, of Bologna, has recorded in *Bulletino delle Scienze Mediche*, a case of the above, which he discusses in connection with four other cases quoted in *La Revista di Medicina e Chirurgica*. The case was that of a male child, on whose neck was seated a large tumour, scarcely smaller than the head. It extended from the clavicular region to the mastoid process. It presented a livid hue, and was soft and elastic to the touch. In its lower half was to be felt a small, hard, mobile body, about the size of a small nut. The tumor moved when the child cried, and became harder. A puncture was made, and about three ounces of blood came away. The cyst then became inflamed, when it was necessary to open the tumor largely. The child was perfectly cured at the end of two months.

Pepsine in Oysters.—It appears from some experiments recently made, that raw oysters contain pepsine enough to digest themselves. It is no wonder that raw oysters agree with most dyspeptics.

ESMARCH'S METHOD OF BLOODLESS OPERATIONS.

BY JOHN C. MINOR, M. D.

1. *Operation for Necrosis of the Tibia by Esmarch's Method.*—This case presented a peculiarly interesting clinical history. The patient, a little girl of thirteen years, was a fine, healthy child from birth up to three years ago, when she was vaccinated. About a week after being vaccinated she was attacked with febrile symptoms, and an eruption like urticaria, accompanied with intense itching, appeared all over the body and extremities. This eruption and fever gradually disappeared, but the right leg remained swollen, particularly around the ankle joint. This swelling increased, pus developed and was discharged by several openings, which became fistulous. The right shoulder now began to swell, and pus formed in the same manner as in the ankle joint. A similar condition developed around the left elbow and the left clavicle. In a very short time after the vaccination, this patient, who had been previously healthy, was suffering from necrosis of the right tibia, the head of the right humerus, the entire left clavicle, and the lower end of the left humerus. With the profuse discharges, which occurred from the fistulous openings at the affected points, there was, of course, hectic fever and night sweats; the strength and appetite rapidly failed, and when I was called to the case there seemed to be but little hope that the patient would survive. My advice, at the time, was to open all abscesses early and deeply, to give *calisaya bark* and stimulants, and, if the patient survived and the condition became chronic, to try *silicea*. Three years passed, and the patient was received into the hospital for women, under my care. The left elbow had recovered with partial anchylosis. The left clavicle was covered by an extensive cicatrix where fistulous openings had existed from one end to the other, but the disease had spent its force on the bone, all the necrosed portion having been discharged. The right shoulder was firmly anchylosed by fibrous adhesions, and one or two fistulous orifices still gave issue to a thin, watery discharge, and to an occasional spicula of necrosed bone. The shaft of the tibia of the right leg was dead, partially enveloped by a new bone formation, and exposed in its upper half by a huge opening, which was filled with the necrosed bone and bathed in ill-smelling pus. This leg was enormously swollen and ædematous, being five or six times as large as the left leg.

The patient's condition of health on admission to the hospital was most excellent. Her body and face were well nourished and fat, and her appetite was voracious, especially for raw meat. This brief history brings the case up to the time of operation.

My object in removing the dead bone from the

leg was merely to allow the new bone, which partially surrounded the sequestrum, a chance to become perfectly formed; to allow this huge cavity to become filled with sound bone and flesh, and thus stop part of the drain on the child's strength.

Esmarch's method seemed particularly well adapted to the case; and, therefore, with the assistance of Drs. Doughty and Beebe, I operated before the students in the following manner:

The patient having been brought under the influence of chloroform, a stream of carbolized water was forcibly injected into the fistulous openings, so as to wash out the purulent discharge as thoroughly as possible. The leg was then wiped dry and enveloped from the toes to the knee in rubber cloth of the thinnest kind. The elastic bandage, consisting of stout elastic webbing two inches wide and three feet long, was now applied from the toes to a point three inches above the patella. In putting on this bandage great force was used and no reverse turns were made—its elasticity being sufficient to cause its perfect adaptation to the limb. As the bandage approached the popliteal space, the pus began to issue from beneath the envelope, and was wiped off to prevent soiling the bandage.

A pad was placed in the popliteal space and the bandage continued up to the point already indicated. The elastic cord was now wound around the thigh at the place where the bandage terminated. The cord used is of solid rubber, one-third of an inch in diameter and about three feet long, with a hook on one end and a small chain on the other. It was made to encircle the limb five or six times with the same force that was used in applying the bandage, and fastened by hooking the ends together. The elastic bandage was now removed, the rubber envelope taken off, and the leg exposed to view.

The size was considerably diminished by the pressure applied. It was white and perfectly bloodless, to such a degree, that, even when during the operation the healthy bone was exposed, not a trace of blood could be detected, and even the muscles were utterly devoid of color and blood. It is unnecessary to give the details of the operation. The exposed portion of dead bone was removed so far as it could be done without injury to the new formation. In the lower third of the leg the sequestrum was found to be reduced to a mere film of dead bone lining the cavity of a firm and healthy involucrum, which was penetrated by two or three fistulous openings. This sequestrum in the lower portion of the leg was not disturbed, since it was probable that no operation would improve the method that nature was taking to get rid of the necrosis with the least possible injury to the new formation.

The cavity left after the operation was filled with oakum, a flannel bandage applied loosely from the toes to the knee, and then the cord was removed.

The patient rallied well, but for several hours suffered from intense pain, which was only allayed by resorting to the use of morphine. The next morning she was free from pain, except where the cord had been applied. It was twenty-four hours, at least, before the indentation made by the cord filled up again. The case was operated upon so recently that there is nothing as yet to report concerning it, except as regards the success of Esmarch's method.

2. *Removal of a Fungous Growth from the Thumb by Esmarch's Method.*—This case is also too recent to report, so far as the final results are concerned, but as my prognosis was decidedly unfavorable as to the disease, I may be pardoned for describing the method used in operating. The patient, a young lady, was sent to me by Dr. McMurray. Several months ago she had what she supposed to be a felon on her left thumb. It broke and discharged, but did not heal up. Through the opening thus formed a little fungous growth now protruded. This growth had a distinct pedicle with a deep attachment, was painless and very vascular, bleeding profusely when injured. Once it had been cut off, and at another time ligatured, but on both occasions the hemorrhage from this insignificant looking growth—no larger than a good-sized pea—had been alarming. I decided to remove the growth, and operated by Esmarch's method, as follows:

The thumb was bandaged with force from the extremity to the metacarpal articulation. A bandage was then applied in the same manner upon the fingers, extending down over the whole hand, with the exception of the thumb, and terminating at the wrist with half a dozen turns. In the palm of the hand the bandage was passed over a small butter plate, whose convex surface pressed upon the palmar arch.

In this instance an ordinary red flannel bandage was used without the intervention of any envelope to the part. No cord was used, and no special apparatus required. As soon as the bandage was secured at the wrist, the smaller bandage around the thumb was removed, leaving the part blanched and bloodless. On laying open the thumb, in order to trace the origin of the growth, it was with great difficulty that I could distinguish the abnormal from the healthy tissues. Everything was so white and so destitute of those characteristic colors to which I had been accustomed, that I was often at fault, and found that, although the advantages of the method were undeniable, yet in some respects it rendered greater care necessary in dissecting the parts. Finally, the pedicle was traced to the periosteum and removed, the wound closed with fine sutures, and the bandage taken off. There was no hemorrhage, and

the patient was dismissed with a request to return in two weeks. As regards the nature of the growth, I am not yet positive; but I am convinced that it will rapidly return again, so as to require the complete extirpation of the bone from which it springs.

With this limited experience, my conclusions with reference to Esmarch's method cannot be fully formed. It is certain, however, that it accomplishes all that is claimed, and that all operations upon the extremities may be bloodless ones. No accident has yet occurred from its employment, such as the forcing of septic matter into the circulation by the great pressure applied, as suggested by Billroth. To my mind, the greatest danger lies in the possibility of gangrene resulting from the constriction of the thin rubber cord. I should not fear this result in ordinary cases, but in those patients whose arteries are affected by atheromatous or calcareous deposits, such a constriction might easily rupture one or more of the arterial coats, and thus produce serious trouble. In my first case I found that there was considerable ecchymosis on the inner side of the thigh where the cord had been applied. Another danger lies in the fact of its bloodlessness. The parts are so devoid of color, all appearing to be alike, that greater care is necessary lest the knife be used upon the wrong tissue. I believe that more arteries and nerves will be severed under Esmarch's method than under the old style, at least until the method is fully appreciated.

As a great saving of strength to the patient, and in that way diminishing the mortality of some operations, Esmarch's method will deserve great praise; and as a convenience to those who are often obliged to operate without the help of trained assistants, it will merit the confidence of every surgeon.

COMPARATIVE STATISTICS.—The following statistics, carefully made from the Brooklyn Mortuary, best speak for themselves:

Number of Homœopathic physicians, about	90
Number of all other physicians, about	500
Total number of deaths under all kinds of treatment	12,648
Deduct all Coroners' cases	1,301
Total, minus all Coroners' cases	11,347
Total under Homœopathic treatment	1,046
Total under all other treatment	10,301
Average number of deaths to each Homœopathic physician	11.62
Average number of deaths to each of all other schools	20.60

A difference in favor of Homœopathic treatment of nearly fifty per cent.

MARIE VERDIN, aged eighteen, is attracting the attention of the medical faculty of Paris. She is afflicted with a strange infirmity known as nytalope—that is, losing the faculty of sight when the sun is above the horizon and regaining it in the night-time. During the day Mlle. Verdin is obliged to keep her eyes closed and wear a thick veil. But in utter darkness she can see so as to read and write with perfect ease.

CASES OF PUERPERAL CONVULSIONS.

BY JOHN J. MITCHELL, M. D.

Case I.—Mrs. A. H., East Forty-ninth Street, New York, aged 35 years. The mother of three children. At the time of her first attack was seven months *enciente.*

She was taken on the morning of May 28th, 1865, with headache and vertigo; but feeling relieved she attended church in the evening. She became very much worse about 11 P. M., and had scarcely any sleep during the night. I was called on the morning of the 29th, and found her with a heavy constricted feeling in the occiput, vertigo, face flushed and slightly bloated, nausea, lower extremities cold and bloated. *Belladonna* 3d, every half hour, was administered. On my return home at 1:45 P. M., I found I had been sent for, and on my arrival at the house, learned that she had gone into convulsions at 11:30 A.M., having had four since that time, varying in duration from two to five minutes. The contractions were mostly upon the left side; there was frothing at the mouth, pupils contracted, face dark colored, and hands cold and blue. She was entirely unconscious—throwing herself forward and to the left. She sank into sleep between the paroxysms with heavy stertorous breathing. *Aconite* and *belladonna* were administered every half hour. The urine was now examined and found to be heavily loaded with albumen, the test tube seeming to be five-sixths full of that material. At 6 P. M. Dr. B. was with me in consultation, and the medicines determined upon were *aconite* hourly, and *mercur. corrosiv.* 1-10 every three hours. Visiting her at 10 P. M., I found that she had not had any more convulsions, she was sleeping heavily, the urine still scanty and highly colored. She continued to improve under this treatment; the *aconite* was speedily withdrawn and the *corrosive mercury* continued alone. The urine lost the albumen to a very considerable extent, and on Sunday, the 4th of June, I find noted that "She is improving rapidly, and desires to attend church to-day." The lull in the storm was, however, but temporary. A week later, on the 12th of June, and two weeks from the date of the first attack, she was seized at 3 o'clock in the morning with violent colic pains in the abdomen. The pains were not paroxysmal, and there was no discharge from the cervix uteri. *Cham.* 3d, every half hour, was given to her, and at 5 P. M. she was quite comfortable, and I returned home. Two hours later a relapse occurred, and at 10 A. M. convulsions came on; consciousness was not restored after the second convulsion. The paroxysms occurred every half hour. In the absence of Dr. B., Dr. B—n, of New York, saw her with me at 11:30 A. M. She received *hcy. acid* with *opium.* An enema of soap and water was also administered.

At the request of the family, Prof. B. Fordyce Barker was called in consultation at 5 P. M. After a thorough consideration of the case, the indication of premature labor was discountenanced. Cups over the kidneys were recommended, and the internal use of *nitrate potassa*, *tinct. digitalis*, and *James' powders*. At 7 P. M. she was rather easier, had less sturtor, and the normal heat of the body seemed to have returned. At 11 P. M. labor pains came on. The position was normal, and delivery was accomplished by 11:30 P. M. The child was dead, no hemorrhage ensuing. But the mother did not rally; and sinking rapidly, she died at 1 A. M., consciousness not having been restored.

Case II.—Mrs. F. S., East Forty-ninth Street, New York, aged 40, the mother of six children, was confined on the 29th of February, 1868. The labor was tedious, it being a breech presentation. But at 11:30 P. M. she was delivered of a fine boy. She rallied thoroughly, and all seemed to be going on well until the 4th of March, when great debility suddenly ensued, without ostensible cause. Albumen was now discovered to have made its appearance in the urine. She passed into convulsions on the 6th, and died in them on the 7th of March, one week after delivery. *Apis mel.* 30, was the medicine best indicated, and was depended upon during the latter days of her illness.

Case III.—Mrs. I. C. V., East Fiftieth Street, New York, aged 19. *Primipara.* I was called to this case by the attending physician—one of the oldest Homœopathists of New York—in order to watch it during his absence, as I resided in the immediate neighborhood. At the close of the eighth month of pregnancy, she was seized with a violent headache, for which *belladonna* was prescribed. But a few hours elapsed before she became convulsed, each of the paroxysms lasting some ten or fifteen minutes. I now saw her for the first time. Upon an examination of the urine, it was found very heavily loaded with albumen, heat rendering it almost solid, and with acid test the tube seemed nearly two-thirds full of solid material. *Apis* was administered, and a consultation with Dr. A. K. Gardner was held at 12 M. She had continued in convulsions, and had not been conscious since the second paroxysm. The indication of premature labor was determined upon. *Ergotin* was administered, and in about an hour, the os having become dilated, the forceps were introduced and delivery accomplished. The child was dead. The state of stupor was continued, convulsions again ensued, and in the midst of one, just before midnight, she died.

Case IV.—Mrs. S. L. M., Fishkill Landing, October 23. *Primipara.* I was called to see this patient in consultation with the attending physician, 9 A. M., June 15, 1871. I found that she had been in labor since 3 A. M. It had been seven months and a half since conception. At 8 A. M., about an hour before my arrival, the child was born. Contraction had taken place sufficiently, and there was but little hemorrhage. Yet upon examination, she was found to be insensible, cold, and to all appearances in a state of collapse. Stimulants were given freely, and such medicine as seemed adapted to the case. She rallied somewhat, but in about three hours passed into convulsions, following each other in rapid succession. The urine was found to be heavily loaded with albumen, the proportion being fully fifty per cent. *Chloroform* was administered during the paroxysms, and *belladonna* 30, during the interval, for two or three hours. The *belladonna* was then omitted and *mercur. corrosiv.*, 1-10, was administered. At 7 A. M. the convulsions were uninterrupted, and she seemed to be dying. Thirty grains of the *hydrate of chloral* were given, dissolved in simple syrup. After two more convulsions she sank into a deep sleep, with stertorous breathing, which continued nearly all day. The *chloral* was continued in fifteen grain doses, and at varying intervals, according to the symptoms: restlessness and muscular twitchings being the precursors of a convulsion, and their appearance was at once followed by a dose of the *chloral*. *Apis* was the remedy determined upon, and its action was marked by a gradual increase of the urine and a diminution of the albumen. Seventy-two hours after delivery consciousness was restored. But she gradually lapsed into a state of mania, which continued for two or three weeks. This condition was relieved by the use of *stramonium*, and her getting up at the end of the eighth week was quite favorable and uninterrupted. A month ago she was safely delivered of a female child at eight months and a half, and is now in a very nice condition. There was no tendency to convulsions manifested during her labor.

Case V.—January 11, 1873, Mrs. Mary P., age 21, eight months *enciente* with her first child, was taken in convulsions without any premonitory symptoms. I was called at about 9 P. M., and at first hoped they might be of a hysterical character. *Hyos.* was administered in frequent doses, but without effect. This was followed by *belladonna* and *chloroform* during the paroxysms, which continued through the night. The power of the muscular contractions during the convulsions was remarkable, frequently requiring three or four persons to keep her upon the bed and prevent her from dashing her head against the bedstead. Her tongue was bitten, and there was very much frothing at the mouth. It was impossible to obtain any urine for an lysis until the morning of the 12th. Upon examination it proved to be about seventy-five per cent albumen. She was immediately placed upon *apis* 30, every three hours, and the *hydrate of chloral*, in doses of 15

grains, was exhibited every hour for four hours, and afterward *pro re natus*. On the 12th she had six convulsions and no return of consciousness. January 13th, had four convulsions during the day; but she had two or three invervals of consciousness, lasting about five minutes each time. January 14th, had no convulsions; urine, much less albumen in it; mind clearer. January 15th, quite rational. The same medicine has been continued, except the *chloral*. January 16th, at 4 P. M., she had a severe convulsion, followed after a short interval by a second one; the *chloral*, which had been omitted for forty-eight hours, was now resumed. A severe aching pain in the occiput was now found to be a premonitory symptom, and it was made the indication for the administration of the *chloral*. She now passed a fortnight without serious trouble. The significant pain in the head appearing from time to time, but the urine became almost free of albumen, and the mind seemed clear but weak. February 10th, she was taken in labor at 9 A. M., and at 3:30 P. M. was delivered of a fine female child, weighing some eight pounds. The labor was entirely normal. There was scarcely any symptoms of convulsions, though a headache coming on about noon induced me to give one dose of the *chloral*. Her convalescence was good, and she was discharged the fourteenth day, rather weak, but in good condition both physically and mentally.

Translations

FROM FOREIGN PERIODICALS, FOR THE MEDICAL UNION.

THE PANCREAS—MELITURIA—URANIUM.

BY PROF. J. BUCHNER, OF MUNICH.

If the physiology of the future should be able to demonstrate the precise condition of the organic functions, it will be possible to embrace the dynamic theory, instead of the crude and materialistic conceptions concerning them which are now held. Until further investigations have provided a greater acquisition of knowledge, we must rest content with that which we already know, and be unconcerned as the marmots as to the storing up of albumen, and other chimeras.

Physiology demonstrates that the pancreatic secretion transmutes starch into dextrine and sugar, and much more rapidly than the saliva grape sugar into lactic acid; neutral, liquid fat into a fine emulsion of sebacic acid and glycerine; coagulated albumenoids into a soluble substance; and later, possibly, by fermentation, also into sugar. Conformable to these functions, it is obvious that organic derangements of the abdominal glands should have been associated with diabetes mellitus, although as to the nature of the origin of this disease two different views prevail, as is the case in uræmia—some maintaining that it is dependent upon diseased conditions of the pancreas, and others, that it arises from functional disturbances of the brain and spinal axis, as Bright's disease is often associated with neuralgia, spinal disease, and atrophy of the corpora quadrigemina.

The observation that, upon examining several hundred persons suffering with diabetes, pathological changes were not constantly found either in the stomach, liver, or pancreas, led to the maintenance of the theory that the genetic factor is long continued irritation of the cerebro-spinal nervous system, such as presbyopia, wounding of the vertebral network of the sympathetic, and depressing circumstances of life, and accordingly, the pathological lesions of the organs of assimilation would be the casuality or result thereof.

Considering the obstacles to a diagnosis of diseases of the pancreas (Lebert assigns as a diagnostic symptom, the mixture of free fat or oil with the excrements, although granting in a praiseworthy manner, that when this occurred he has found the glands and the excretory canals perfectly normal upon section), we are led to examine minutely the pathological anatomy; because in difficult cases we must not only know the laws of life, but also those of death. This reveals atrophy more particularly; also, later on, fatty degeneration, carcinoma and the formation of concretions. Anæmia of the pancreas is induced, which can only with difficulty be distinguished; and derangement of the digestion and increased activity of the salivary glands results. Pressure in the stomach from below upwards forms a tolerably positive physiological symptom. As a constant symptom of diabetes, the diminished activity of the glands of the skin is characteristic. If it is assumed that there is a sympathetic relation between them and the pancreas, such as exists between the latter and the salivary glands, the sympathetic affection of the organ in diabetes is at least better proven than is an affection of the liver, because the skin and the kidneys act antagonistically.

It is doubtless uncontrovertible that the more incompletely the pancreas performs its functions, so much greater amount of dextrine and sugar will pass over into the lymph-vessels and chyle-ducts; and if, later on, the liver is selected as a common storehouse (as it is for the surplus of the melanotic constituents of the blood), that through the right ventricle they may arrive at their destined metamorphosis in the lungs, yet the liver is far from being demonstrated as a sugar factory. And the more sugar that is returned, like urea untransmuted from the lungs into the arterial circulation, so much greater will be the quantity excreted by the kidneys.

According to the facts already advanced, we

may accept the following as well ascertained and established: If those conditions prevail which render it possible for the transportation of starch into the blood, in consequence of functional disturbances of the pancreas, be they functional or pathological, simple or complex, mellituria will occur.

The problem is not solved by this explanation, but an approach is made to its solution, and it must not be forgotten that bio-chemie is obedient to other laws than simple chemistry.

What relation does *uranium* bear to mellituria and the pancreas? The answer is simple: we know this much at least. It is lamentable that the physiological provings of drugs are not only not made with reference to pathological chemistry and anatomy, but that no attempt is made in that direction.

Our literature, says Goullon, contains no uranium symptoms, consequently we will furnish a few which Dr. Köck observed upon himself after he had taken from one-eight to two grains of *uranium nitricum.*

The principal symptoms were vomiting; and, at first, a large flow of urine, and afterwards less than the normal quantity; and constipation, the bowels being moved only once every eight days. In this instance the presence of sugar in the urine could not be demonstrated, probably from the fact that further experiment was not possible, owing to the persistent distress which was induced. Further, there was but little appetite, and an aversion to cold food; as for example, sausages, and other things made from pork. The thirst was marked, and there was an aversion to the customary beer, and the favorite drink—punch—could not be tolerated. New Year's eve it tasted sour, and on March 19th it was loathsome, and the first glass produced congestive headache and nausea. Moreover, there was a feeling of extreme weakness and lassitude, and every evening from seven to nine o'clock a sensation in the left heel, impelling to move the foot constantly, which was unbearable when in a state of repose; also, upon smoking, a feeling as if there were hairs in the throat, with constant hawking and an expectoration of mucous; and an annoying dryness which caused constant swallowing, that the throat might be moistened with the saliva.

The following post-mortem appearances serve to illustrate, from an anatomical and pathological standpoint, the consequence of a deficiency of ferment upon the part of the abdominal digestive glands in mellituria.

The pancreatic duct has its duodenal opening perfectly free, and in the head of the pancreas, is of normal consistence, but then it strikes directly upon a tumor, and in such a way that it no longer lies in a glandular structure, but is imbedded in a dense white tissue, which stretches from the head to the tumor, and the end of the duct which touches the latter is displaced by a white concretion the size of a bean.

The tumor itself is about the size of a child's head, nearly globular, and consists of a firm sack, containing a thin, cloudy, yellowish liquid, which reveals to the naked eye glistening crystals of chlorestearine and crystalline needle-shaped masses of fat, and throws down a whitish sediment, which shows, microscopically, a granular mass of roundish granular cells mixed with degenerated ones. The wall of the sack has almost in its entire circumference a thickness of three min., and is very generally of a grayish tint, although at points, of a slate color. The inner surface is smooth, although studded with flat, whitish, smooth, concrete plates, similar to the sclerotic ones met with in the larger arteries. Moreover, at isolated spots on the inner surface, may be seen a whitish blush, and sometimes even thick, separable films of tissue, of a gray color, and which glisten like mother-of-pearl. Upon their removal, rough surfaces are here and there exposed. A straight furrow runs upon the posterior wall of the inside of the sack from left to right, which leads at its left end to a canal, the size of a crow's quill, that pierces the wall. Upon tracing it further, it is found to be greatly dilated outside of the sack, and provided with a smooth white inner wall, which is crossed with transverse folds. This canal traverses a dense, tongue-shaped body, which is six min. thick, and shows upon the cut surface no distinct folds, but a somewhat glandular structure, and may be regarded as the indurated remnant of the tail of the pancreas. The outer, widely dilated blind end of the canal is imbedded in a very dense, slate-like tissue. The length of the duct from the sack to the outer end is somewhat over two inches.

In the tail of the pancreas another canal is found, which may be regarded as the duct, although it cannot be proven, as it does not follow a direct course towards the head of the gland. It therefore results that the right end of the above-mentioned furrow projects from the bottom of the big sack into a second opening, so that it is the length of the furrow about two inches from the first. The opening at the right permits a sound three min. thick to pass directly through it into the somewhat winding duct of the head of the pancreas, quite near the concretion previously mentioned. Upon the upper surface of the sack, posteriorly, there is nothing to be distinguished of the tissue of the pancreas, and for an extent of two and a half inches it strikes directly upon the soft parts in front of the vertebral column, and upon the solar plexus, which is white and compact, but otherwise unchanged in structure.—*Neue Zeitschrift für Homœopathische Klinik.*

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

MEDICAL CHARITY.

Among the blessings of civilization is that enlarged and enlightened humanity which seeks to secure homes for the poor and needy, supplying them, not only with food necessary to sustain life, but through the careful appliances of medical science, relief to bodily suffering. In the performance of this duty a two-fold work is accomplished, in which those who really need help are relieved, and society also protected from much of the gangrene of disease, which would otherwise extend from a thousand points, eating into and tainting its life.

In dispensing medical charity it is not always easy to discriminate between the deserving and those who are ever ready to reach the pockets of the community through their sympathies. In the general cry for aid and eager scramble for alms, those often who are the most persistent and the loudest in their demands receive the largest share, while the really deserving are compelled to put up with a pittance. Especially is this the case in public institutions, started often, not for the public good nor because there is really a need for them, but because in many cases some one or more individuals in the medical profession see in this way a chance to advance their own interests and build up a reputation among the charitable which they would find difficulty in obtaining in any other way. The question with them is, not how much good can we do, but how much money can we draw from the public purse. Prominent politicians are brought into the board of trustees to secure the necessary influence at head quarters, and money is voted not always with a wise discrimination. At length the tax-payer calls loudly for retrenchment, and suddenly the gate is closed upon good and bad alike. Thus the dispensaries and hospitals of New York last year suddenly found themselves without funds to carry on their work, because no appropriations had been made for even the most necessary work of medical charity, except so far as Bellevue and the great hospitals on Blackwell's Island were concerned. Some of the dispensaries were deservedly closed, while others, whose work well performed had given them a hold on public confidence, were sustained by that direct appeal to a generous-hearted public, which in this community so seldom fails when backed by merit.

We need, not less medical charity, but more discrimination in its administration. In this city are what are called district physicians, from twenty to thirty in number. The appointments, made by the Board of Charity, are generally young graduates and men of no professional standing who have sufficient influence to secure the position, and to whom the salary of six hundred dollars a year is very acceptable and easily earned. One or two hours a day their offices are supposed to be open to the poor. The poor seldom cross their threshold, preferring the public dispensaries, where they can at least be sure of some little skill in their treatment. All these sinecures—for they are nothing more—should be swept away, and the money applied to the support of well-organized and well-managed dispensaries. The absolute needs of the community should be met promptly and with a liberal hand, but no premiums should be paid to indolence, ignorance and impudence, either in public institutions or among the poor. In our asylums, hospitals and dispensaries the true policy is, undoubtedly, to supply the necessary accommodations and the requisite help to meet the absolute wants of the community. First, a careful survey of the field to see what is needed, and then a vigorous carrying out of well-matured plans, without flinching and with as much rapidity as possible. A few years ago it was decided after a careful survey of the field and a full investigation of the absolute wants of the people, to erect an Insane Asylum at Buffalo for the West, at Ovid for the hopelessly insane, at Poughkeepsie for the river counties, and at Middletown for the Southern

tier of counties. All of these have received, and some are still receiving, large appropriations from the State to complete and keep in working order their institutions. The Asylum at Middletown, more urgently needed, perhaps, than any other, finds itself, before even its doors are open for the admission of patients, brought almost to a stop for want of means. One building is completed and another well under way; large sums have been expended in advancing the work to its present condition—expended judiciously and with a strict economy. The plans, if carried out in their integrity, would give to the State one of the noblest, most useful, and most needed institutions within its domains. Already more than sufficient applications to fill every room in the building have been received.

Right on the threshold of actual success, with a splendid future and a grand career of usefulness before it, the trustees will be compelled to pause, and perhaps close their doors, unless the appropriation so sorely needed shall be granted by the State. Will it be a wise economy for the State, after having put its hand to the work—after having begun so nobly—to pause now with an institute so urgently demanded by the absolute needs of the community, only half completed? If Poughkeepsie is to have an appropriation to "use up the material on hand," will it be wise to refuse to Middletown a like appropriation, whose material is not only on hand and paid for, but the building half finished? This is the only institution of the kind in the State which flies the homœopathic flag, and the taxpayers who believe in that flag, and who pay nearly one-half the taxes of the State, demand simply fair play.

The people of New York are a generous, noble-hearted people. They have a pride in their public institutions, and give ungrudgingly to the support of the poor and the relief of the suffering in their midst. The appropriation asked for by the trustees of this Asylum, the people would give ungrudgingly and without a murmur. Let our profession all through the State circulate petitions demanding of our legislators, in the spirit of true economy, that this work so much needed shall go on.

ACCORDING to statistics gathered by Dr. Harrington Tuke, the number of lunatics in England increased during the ten years ending June, 1873, from 1.86 per thousand of the population to 8.52.

THE PRACTICAL ADVANCEMENT OF HOMŒOPATHY

No stronger test of the strength of our school can be presented than appears in the fact that it survives in spite of the discord among its adherents. Men of the most opposite character and attainment have discussed the theories and practice of Hahnemann from every conceivable point of view, and have found an inexhaustible source of dissension in the interpretation of our therapeutics. From the time of Hahnemann, himself, to the present day, the school has been divided by every shade of belief, and every hindrance that these dissensions could create has been thrown in the path of our progress. Each prominent exponent of our theories and practice has in turn been made the target for the reception of the severest wounds his adversaries could bestow. Every college, hospital, and dispensary has had to contend with enemies in our own ranks. Even our medical journals have not escaped the most bitter denunciations of those whose peculiar shade of belief or unbelief was not reflected in their pages—as our own experience can show. Nevertheless, in spite of all this discord and conflict of interests—in spite of mistaken policy and want of policy—notwithstanding the ignorance of some and the obstinacy of others—one tie has held us all together in spite of ourselves, one belief has never been shaken, and remains, to-day, the bond of union among all homœopathists, the secret of our success, and the only law of our faith,—"*Similia similibus curantur.*" Had not our therapeutic law been true, we should have been forgotten, as a school of medicine, long ago; and on the truth of that law we may rest secure so far as our permanence as a school is concerned.

But mere permanence is not the summit of our ambition. With all the discord of the past we can recall with pride and pleasure the noble struggle that has ever been the lot of all who called themselves Homœopaths—how readily it has been accepted and carried on against the intolerance of the old school. But it seems to us that the time has come for a broader field and a more active work. We have been on the defensive long enough, and it is time that we changed our tactics. We should have it now in our power to obtain, as a right, the control of a portion of the public institutions, which in the past could only have been asked as a favor.

But first of all, we must consider whether we are in reality in a condition for such a movement. Even the most superficial observer would see that

with the present want of harmony in our own ranks, we are inviting defeat as soon as we make an aggressive movement. To our positive knowledge this jealousy and discord has, within the present winter, prevented the accomplishment of several measures in this direction. We have too many cliques, too many office-seekers, and too little confidence in each other, to enlist the unanimous support of the school in any public movement at present. It is natural enough, perhaps, that this is so, for the history of many of our institutions has taught us to look upon them as controlled for the benefit of one or two, and not for the benefit of the profession. No sooner is a hospital projected on paper than it is blessed with a Chief Physician or Chief Surgeon, and the profession at large are requested to contribute to the support of these institutions in which they can have no personal interest. The short-sighted policy which rejects the influence of a medical or surgical staff in a hospital, and seeks to enlist the profession in the support of a single individual as the Chief, will always give rise to more hostility than it can afford to contend against. This is one cause of some failures in the past, and its lesson is self-evident. We mention it merely as showing how foolishly the interests of our school have been mismanaged.

Another element of failure exists in the fact that none of our organizations are put to their highest use, namely: the stimulation of professional study and research. Take, for instance, the State Society; and, while we would not find fault with its management, or in any way lessen its influence, we can readily perceive what large opportunities for the encouragement of professional excellence are entirely neglected. As the same condition prevails in all our county societies we will put our views plainly, because the remedy is easy.

The State Society has issued ten volumes of its Transactions—a monument to the indefatigable labor of its former Secretary. The work of compilation and revision reflects the highest credit upon that gentleman, and these volumes testify to the activity and working organization of our societies and institutions throughout the State; but so far as these Transactions are to be considered as representing the professional ability and research of our school, they are practically worthless. Occasionally a valuable article will be found in these volumes, but only rarely; and it is a matter of surprise that there should be so little wheat amid so much chaff. How has this happened? Simply because a thoroughly able paper received no more consideration than a very inferior one. It was not worth while to spend much time or money in preparing an article that should be embalmed forever; and, in point of fact, nearly every article published in the Transactions among the mummies, was obtained by solicitation, and was not the result of a voluntary devotion to medical research. So it has happened that the Transactions are filled with hastily written articles.

How much better it would have been to award a prize every year to the best essay on one of several topics selected by the Society. The ambition of the ablest men in the profession would have thus been stimulated to win the honorable distinction thus offered. Instead of publishing the huge volumes of Transactions, the State Society might have given us each year a much smaller book—the prize essay.

In our county societies the same lack of incentive operates against the professional ardor of the members; and in the college it exercises its drowsy influence over the professor and student alike. It is not a mere question of the attainment of a prize, of local or general reputation, which we are now considering. The idea is a broader one than that, and rests on the principle of a fair field to every one who chooses to enter it; the encouragement of competition in every department and phase of medical science, and the recognition of professional ability wherever it is demonstrated. In this direction we see the possibility of uniting the profession in harmony for the attainment of higher professional culture and larger fields of labor.

We believe that the present is an excellent time to suggest the subject of prize essays in the State Society. It is probable that all future publications of the Society will be at the expense of its members, and that no more State appropriations for that purpose need be expected. We sincerely hope that if this method is adopted, the Society will make the prize a merely nominal one, and confer the honor in the mere shape of a handsome publication of the essay. Thus we shall put in operation the means which has resulted, in England, in the production of the most valuable monographs extant. Our State Society will be thus made more effective by enlisting the active co-operation of many new members, and exciting the friendly emulation of the

hardest workers. It will then be within the power of any one to demonstrate his ability and scholarship before the profession, and achieve a deserved reputation, which, without such an opportunity, might never be possible.

The same principle might be carried out in the county societies, by the selection of the best papers for transmission to the bureau of the State Society.

In our colleges, dispensaries, and hospitals, attention to a few points would lead to a better understanding on all sides. It is a poor policy that prefers many weak institutions to a few strong ones. As regards our hospitals, we urge a union of influence, interests, and property, on all such institutions as can consistently do so. The Colleges should remember that it is possible to exist, but not to thrive, unless there is a constant increase in the facilities for instruction; that such facilities require large outlays of money; and that the financial condition of a medical college is a very certain index of its efficiency. The dispensaries should afford opportunities for clinical instruction in special branches, and should be supplemented by the facilities of hospital practice; and in all these organizations there should be an opportunity for competition in every branch. There should be no monopoly of office, but every position should be used as an incentive to work—the reward of him who can demonstrate his ability to fill it.

Whenever we can unite as a school upon the promotion of the interests which already depend upon us for support; when by mutual concessions and confidences we can show our willingness to work together in everything that concerns the welfare of our school, without partiality and without prejudice, then we may seek all that we claim, with the full assurance that in overcoming the discord among ourselves, we have overcome the only obstacle to the advancement of Homœopathy.

BROOKLYN CHARITY IN AID OF HOMŒOPATHY.

The most successful public ball, in all respects, ever given in the City of Brooklyn, or in New York either, for that matter, took place February 10th in the Academy of Music, in aid of the Homœopathic Hospital. Three years ago these balls were inaugurated, and with the exception of last year, have been continued with comparative success. This year the ladies and gentlemen who have charge of this great charity seem to have begun proceedings by resolving to make amends for last year's dereliction, and to have followed up that resolution with an energy as unfaltering as it was praiseworthy. The committee expect to realize little short of $6,000 for the Hospital.

The weather was exceedingly propitious. Long before nine o'clock liveried carriages began to crunch through the snow up to the canopied portal of the Academy. The ball opened at ten o'clock, and at that hour the floor was covered with dancers. By eleven the Academy was crowded, and at midnight dancing began to grow uncomfortable on account of the throng. The decorations excelled everything heretofore seen at a public ball in Brooklyn. A carpet had been laid specially from the entrance to the platform, and another ran up the stairways leading to the galleries on both sides, whilst the usual carpet overspread the dancing floor. Two magnificent camelia trees, covered with bright red flowers, stood guard at the main entrance, under the galleries. Between these and the proscenium boxes on each side were placed alternately four stands of exquisite exotics and three large busts on pedestals. Five of the busts were those of ideal females, and the sixth represented Dr. Hahnemann, the great apostle of Homœopathy. Next the lower proscenium boxes stood two splendid azalia bushes, their tops one mass of delicate white flowers. The season being more than usually early for them, they were forced with great care for the occasion. The lower boxes themselves were not closed up, as is customary when the dancing floor is laid, but were thrown open for occupancy, being provided with very neat balustrades covered with crimson velvet. On each side of them stood costly bronze statuettes on dark marble pedestals. From all the chandeliers hung rustic baskets filled with green vines and ornamental plants. Depending from the center of the ceiling, in front of where the stage begins, hung the word "Charity," composed of tiny jets of gas. The back of the stage was hung with a drop scene depicting a pillared corridor, and the sides were concealed by other drops painted to represent crimson and gold hangings on a sea-green background.

The ladies' dressing rooms were models, with their large number of full length mirrors and deft waiting-maids. Fancy combs, brushes, balls of powder, and all the thousand-and-one other mysterious trifles which play so important a part in the make-up of a modern beauty, had been provided in profusion.

The company was composed of the *elite* of Brooklyn society. A finer gathering never assembled in that city. Nearly every gentleman in Brooklyn distinguished for his talents or high character was present, and the loveliest belles of this city, famous for beautiful women, were their partners. The ball was opened by Mr. Luther B. Wyman, with Miss Leonard. In the same set

were the following couples: Mr. W. H. Cromwell with Miss Hattie Robinson, Dr. and Mrs. Sumner, and Mr. and Mrs. Louis Leonard.

The private boxes were occupied by large parties of ladies and gentlemen, who had paid $200 for the privilege of each box.

The supper, by Delmonico, was furnished in the assembly rooms on the second story, and was, of course, superb in all its details. The tables were filled from eleven until two, and the great caterer carried home very few of the goods which he brought across the river with him early in the evening.

The police arrangements were excellent. In fact, nothing whatever occurred to mar the entire success of the event of the season—the Charity Ball; which did great credit, not only to the excellent good taste of its projectors, but to the big heart of our sister city, which ever throbs in response to a call upon its sympathies and its open-handed charity.

It was supposed at the time the ball was decided upon that there would be an appropriation of $4,000 from the City, which, with the proceeds from the ball, would be almost sufficient to defray the expenses for the coming year. In this the trustees were disappointed; either from accident or design, the appropriation, which was ordered by the new charter, was left out of the Mayor's budget; and so a meeting was called for February 14th to decide upon a course of action. Only two or three of the members knew of the failure of the appropriation until the hour of meeting. The President, Mr. Chas. A. Townsend, Esq., stated the fact that the institution needed $6,500, in addition to the Ball fund, in order to carry it through another year; and suggested as the only alternative, the closing of the Hospital. He said that the Board had already given so liberally to the fund that he disliked to call on them for more; that rather than close up he would give one-eighth of the whole amount, and would like to hear what the other gentlemen had to say. Mr. D. M. Stone, of the *Journal of Commerce*, said that the institution had passed through many trials, and, undoubtedly, there were many in store for it, but that, with God's blessing, he believed it would succeed. There was one member of the Board who would give a check for the whole amount rather than have it closed. He was followed by Messrs. L. S. Burnham, L. R. Greene, Wm. P. Clyde, N. S. Simpkins, Jr., H. W. Hunt, Edward Todd, and Dr. A. E. Sumner, each of whom pledged themselves for $500, and more if needed. Brooklyn is therefore sure to maintain this noble charity, and its success should inspire our friends in this and other cities to push forward the work so nobly began.

THE NEW Post Office building in this city is fast approaching completion.

STATISTICS.

The *Medicinishe Correspondenz-blatt* contains the following statistics concerning the epidemic of dysentery which prevailed for three months in the district of Ludwigsburg:

The number of patients afflicted with the disease was 2,034, of whom 232—11.4 per cent—ended fatally.

In Eglosheim 120 persons were attacked, 114 of whom were treated homœopathically, and two—1.75 per cent—died. Four were under allopathic treatment, three of whom—75 per cent—died.

In Thamm there were ten cases, all of whom were treated homœopathically. There were no deaths.

In Ludwigsburg 870 persons were attacked; 204 received homœopathic treatment, of whom four—2 per cent—died. Of the remaining 666, many were treated homœopathically, but what percentage could not be ascertained. Of these, 71—10.66 per cent—died.

In Osweill there were 11 cases; one was treated homœopathically and saved; of the remaining ten who received allopathic treatment, 8—80 per cent—ended fatally.

Finally, of the entire number of cases which received homœopathic treatment, only 1.85 per cent died; while of those treated allopathically, 13.79 per cent ended fatally.

AMERICAN WINES.

From the article on "American Wines," in the revised *American Cyclopædia*, we derive the following statistics of the annual production of wine in the United States. These statistics are mostly derived from private sources, and must be taken only as approximate:

	Gallons.		Gallons.
California	5,000,000	Wisconsin	25,000
Ohio	3,500,000	Maryland	25,000
New York	3,000,000	South Carolina	25,000
Missouri	2,500,000	Alabama	20,000
Illinois	2,500,000	Connecticut	20,000
Pennsylvania	2,000,000	Mississippi	15,000
Iowa	400,000	Tennessee	15,000
Kentucky	300,000	Arkansas	15,000
Kansas	200,000	Georgia	15,000
Indiana	150,000	Louisiana	10,000
North Carolina	40,000	Delaware	5,000
Michigan	40,000	District of Columbia	5,000
West Virginia	35,000	Massachusetts	5,000
Virginia	30,000	Nebraska	5,000
Texas	30,000	Oregon	5,000
New Mexico	30,000	Washington Territ'y	5,000
New Jersey	25,000	Other States and Ter.	5,000
Total			20,000,000

Of this amount, 5,040,000 gallons would come from the Pacific, and 14,060,000 from the Atlantic coast. The market value of this product is estimated at nearly fourteen million dollars, to which must be added, as the total value of the vintage, about eight millions for grapes consumed, grapevines, etc. "If the fact is taken into account," says the writer of the article in question, "that grape-culture has really assumed importance only within the last ten years, it may safely be predicted that it will be trebled within the next twenty-five years, and become a vast source of national wealth.

Transactions of Societies.

STATE HOMŒOPATHIC MEDICAL SOCIETY.

The New York State Homœopathic Medical Society convened at the Common Council Chamber, at Albany, Wednesday, February 10th, for its twenty-third annual session, and was called to order by the President, Dr. E. D. Jones, of Albany.

The remaining officers were also present.

The President, Dr. Jones, on taking the Chair, made the following address:

GENTLEMEN—In entering upon the duties of the office to which you have chosen me, I cannot but thank you for the pleasure which this opportunity affords to greet you to our twenty-second annual meeting, and as a resident of Albany, to welcome you to her precincts.

The value of these assemblies cannot be too highly estimated. In this Society, the welfare, success and progress of our State interests are reposed; and the advance of our school (in this State at least) will be exactly proportionate to the vigor of your exertions and the discreetness of your counsels.

We have left personal interests and private cases, only to assume these responsibilities which you owe the profession in your representative capacity. That your deliberations will redound to the great good of the profession, the precedent of former years assures me.

But before commencing the active duties of the meeting, we may profitably glance "with retrospective eye" at the past.

The year of '73 has been an eventful one for our school. No single year, perhaps, has shown so much progress as that through which we have just passed. It presents from its incipiency to its close, a series of triumphs unparalleled in our history.

At the close of the year 1872 we numbered sixty-one distinct societies. The year 1873 has witnessed many additions. Queens and Seneca have organized county societies, thus making thirty-four local organizations, representing forty-four counties.

A State Board of Medical Examiners has at last been appointed by the Regents. The fulfilment of the requirements of the act of 1872, by the Regents, places us in a prominent position, so far as medical education is concerned. The third section of this act states that "such examinations shall be in anatomy, materia medica, pathology, histology, clinical medicine, chemistry, surgery, midwifery, and in therapeutics, according to each system of practice represented by the several medical societies of this State." Surely no examinations could be more liberal or more complete, and no diploma more honorable, than the one gained by the successful candidate.

Brooklyn has her maternity, comprising four district departments—the Lying-in Hospital, a Nursery, a Child's Hospital and a School for training nurses. Each one of these departments, excepting the first, has been founded during the past year. The school for educating nurses will supply a want long felt by physicians and laymen alike. Each subdivision is in active working condition, and, though the only institution of its kind in this country, I sincerely hope that it is only the precursor of many more.

Albany, Buffalo, and Brooklyn have each established hospitals, all of which are in successful operation.

That venerable institution, the Hahnneman Academy of Medicine, of New York, has aroused from its lethargy, and promises well for the future.

St. Luke's Hospital, of Utica, formerly entirely under Allopathic regimé, now has a staff composed of nine Allopathic and four Homœopathic physicians—an instance of unexampled liberality on the part of the managers of any old school institution.

Our Insane Asylum, the only similar institution in the world exclusively under Homœopathic supervision, has made rapid progress during the past year. The main or administrative building is completed and ready for the reception of patients, of which a goodly number have been accepted; other buildings are in various stages of erection, so that we may confidently expect at an early day, to have an institution at once unique in all its architectural appointments, and possessing every qualification necessary for this, the "crucial test" of Homœopathic treatment. That our most sanguine hopes will be realized, none of you will question. We, as a society, owe it our cordial support and fostering care. Serial literature has received two new and worthy additions during the past year—*The New York Journal of Homœopathy* and THE MEDICAL UNION. Ten new monuments to Homœopathic progress have been erected in our State. Surely, last year has been one of unprecedented progress. Nor has this rapid advance been confined to the limits of our own State. Outside of our own borders, three important movements at least have been made.

The bill authorizing the establishment of two chairs of Homœopathy in the University of Michigan, has become a law; but through the temerity of the Board of Regents, has not yet been enforced. But the right of State representation has been conceded; thus our aim has been theoretically, if not practically, established. At a meeting of the Board of Regents of the State University of Iowa, application was made for the appointment of two Homœopathic chairs. The feeling in favor of granting the demand was almost unanimous, but owing to the State appropriation being exhausted, they had no means at command, and therefore resolved to petition the next Legislature to sufficiently enlarge the appropriation to accommodate the proposed addition. Boston, renewing her strength by the ordeal of allopathic intolerant persecution through which she has just passed, has established a Medical School which will soon take a prominent position in that city of letters.

Now that we have cursorily reviewed the wants of a most successful year, let us turn our attention to the coming year which this meeting inaugurates. It becomes my duty, in my official capacity, to suggest such changes, and propose such action in the operation of this Society as have occurred to me as necessary for its welfare and prosperity.

Our bureaus form one of the greatest features of our Society; indeed, it is mainly through their instrumentality that the advancement of medical

science (wich our constitution proclaims to be the object of this body) is attained. The reports of these bureaus represent the medical status of our school in this State; it is, therefore, of the highest importance that they severally should exercise great care and judgment in their respective duties. I would therefore recommend—First, that in the selection of the bureaus we adopt the plan of the American Institute—appointing none who will not or do not contribute papers.

Second—That each chief of bureau be held responsible for the printed report of his bureau, and that the executive officers and chiefs of bureaus constitute the publishing committee.

Third—That all reports and papers sent to the bureaus be given to the Society for enriching her published transactions, and not to the journals first.

In October the Treasurer resigned his office. I appointed Dr. Vincent, the Recording Secretary, to fill the office *ad interim*. His report will present a very favorable condition of the finances of the Society.

The dues of delegates should be assumed by their respective societies—thus making each society represented, itself and not merely through individuals, a supporter of the State organization.

Members and delegates should come prepared to pay their dues in advance, thus saving the Society at least five per cent. for cost of collection in the item of postage alone, and at the same time enabling the officers of the Society to manage its affairs without incurring debt.

Eleven years have elapsed since the first publication of our transactions. Since then the State has published them until last year, when our own shared the fate of other legislative publications on alleged economical grounds. Whether these were justly so or not we will not discuss, but simply say that measures have been taken to secure their future publication. Should success attend these efforts, it will probably be necessary for us to confine our reports to narrower bounds than formerly. I would therefore advocate limiting future volumes to the reports of our annual and semi-annual meetings, and the papers that are presented as fresh contributions to the Society, with the discussions thereon.

In order to secure better management and to facilitate the meetings of the Society, would it not be better that the executive committee should hold sessions prior to each meeting, hearing the reports of officers, and correcting, as far as possible, any irregularities that might occur? Also, ought they not to be empowered to act, in case of an emergency arising when the interest of the profession in their estimation demands it?

Before closing, I cannot refrain from reminding the county societies that this is emphatically a State representative organization. The fifth article of the constitution distinctly declares, "that this Society shall be composed of delegates from each county Homœopathic medical society and Homœopathic medical college in this State, and such other members as may be designated in the by-laws." This Society must be supported by delegate representation; and if they, as individuals, have been honored with the title of permanent membership the county societies of which they are members cannot be represented except through duly appointed delegates. According to section nine of the by-laws, each county is entitled to as many delegates as there are members of the Assembly. This quota should be thus filled by every local organization in the State; and unless you do this, you proportionately limit the influence of the Society and diminish her resources. Let us all remember that we are responsible for the success of Homœopathy in this State, and let our efforts meet our obligations with untiring zeal.

The following nominees for permanent membership were then balloted for and elected:

First District—A. P. Throop and S. P. Burdick, New York.

Second District—A. E. Sumner, Brooklyn; Benjamin Lansing, Rhinebeck.

Third District—E. S. Coburn, Troy; S. H. Carroll, Albany.

Fifth District—Selden F. Talcott, Waterville.

Seventh District—B. F. Grant, Bath, Steuben County.

Eighth District—Levi Shafer, Kingston, Ulster County.

The annual report of the Treasurer was received and referred to a committee consisting of Drs. Waldo, Dow and Platt.

Dr. Gray stated a proposition to the Society, to establish a series of prizes for students in medicine in the New York State University, who excel in their studies. The offer was unanimously accepted.

The prizes are to be distributed as follows:

First—The sum of $50 to be given to the first candidate who successfully passes his examination before the State Board of Medical Examiners.

Second—The sum of $50 to be given yearly, *in perpetuo*, to that candidate who attains the highest degree of merit.

Third—The sum of $50 each year to that candidate who shall have educated himself solely by his own efforts, without having received any pecuniary aid.

Fourth—The sum of $50 to any candidate from any college in the State of New York, who shall have been examined by the faculty of that college by papers derived from the Regents of the University upon the conditions prescribed by them.

Fifth—The sum of $50 to any candidate who shall have acquired, during his pupilage, a thorough knowledge of the German language.

On motion, Drs. Paine, Gregg, and Guernsey were appointed a Committee on Invitations to the Legislature.

Drs. Fisk, Hurd, and Brown were appointed a committee on business.

Dr. Styles read a paper in relation to the Homœopathic Insane Asylum at Middletown, and announced to the Society that a portion of it was so nearly completed that it would shortly be opened for the reception of patients.

A paper on the comparative mortality statistics of Brooklyn, was read by Dr. Searles.

Dr. Searles also read a paper entitled "A Case of Transverse Presentation."

The deaths of Dr. Alford H. Gray, of Milwaukee, an honorary member of the Society, and of John Sarr, of Brooklyn, were announced, and obituary notices read.

The Society then took a recess.

AFTERNOON SESSION.

The Society again met at three o'clock, President Jones in the chair.

The President then appointed the following committee to wait on the printing committees of the Legislature, relative to printing the Society's transactions: Drs. Hand, Cook and Haswell. Dr. Brown in the Chair.

Notice was given that at the next annual meeting of the Society a resolution would be offered to amend article three of the Constitution, relative to officers.

The following resolution was then offered:

Resolved, That the duties of the Treasurer shall be performed by the Recording Secretary this year.

Carried.

Dr. H. R. Stiles, of Middletown, moved that the thanks of the Society be tendered Dr. John F. Gray for his liberality in establishing prizes for medical students, etc. Carried unanimously.

Dr. Watson rose and said: Mr. President, we have among us to-day a physician who is the oldest Homœopathic practitioner in the State, probably in the United States, and possibly in the world—Dr. Leveritt Bishop, of Sauquoit. I therefore move, sir, that he be elected an honorary member of this Society. The motion was unanimously carried.

Dr. Bishop, in a few feeling remarks, thanked the Society for the honor conferred.

Considerable immaterial discussion then took place.

Dr. Gregg then delivered a lecture on Tuberculosis, illustrating his subject with handsomely prepared charts.

He took occasion to advance the theory that tubercles arose from degenerating red blood globules, as after the red blood corpuscles had commenced retrograding they were similar in all the stages of metamorphosis to the tubercles. Both cells he claimed were similar in every particular, and were acted upon homologously by other agents; hence, he argues, they must be identically the same. He considered the loss of albumen as the cause of the sad train of symptoms which characterize phthisis.

The loss of one ounce of albumen, he said, destroyed nearly one pound of blood for all purposes of healthy nutrition. Its loss caused an excess of the other constituents of the blood, which then played the part of foreign bodies. Upon this view he explained many of the symptoms, as for example, the night sweats, from the excess of water in the blood.

The Doctor seemed very earnest in the presentation of his subject, and quoted extensively from Carpenter and Virchow in sustaining his theories.

The theories which the Doctor advanced as to the origin of the tubercle cell were warmly discussed, and Dr. Samuel Jones completely refuted them, saying, that so far as is known the red blood globule has nothing whatever to do with the formation of tubercles, and sustained his position by quoting largely from the recent works of German pathologists.

The attention of the Society was then devoted to miscellaneous business, after the transaction of which it took a recess till eight o'clock.

EVENING SESSION.

The Society met in the Assembly Chamber at eight o'clock, and was called to order by President Jones.

The annual address was then delivered by Professor T. F. Allen, M. D., of New York City. The address was a finished production, and was listened to with marked attention throughout.

The Doctor discussed the law of the action of remedies, and asserted that he believed the action of a drug rested in its molecular action, and that the various train of symptoms produced by different remedies may be due to their several characteristic molecular action. This property of a drug may transmit its force, and set up another and new molecular action in other bodies. He considered that the action of drugs of the higher potencies could be reasonably explained according to this theory. He illustrated his view by narrating the recent investigations of scientists as to the divisibility of matter and the laws governing the action of molecules.

The Doctor took occasion to speak of the importance of a thorough knowledge of the art of medicine in all its various departments, and considered that as much attention should be devoted to materia medica as to histology and pathology. It is not sufficient to have an accurate knowledge of the workings of the human mechanism, he said, but it is necessary that the physician should be well versed in all that pertains to the curing of the patient. Much painstaking research has been made as to the cause of disease; as much should be devoted to its cure.

The State has considered it wise to appropriate money for the prevention of sickness, and has established Sanitary Boards. She should also endow a laboratory for experimental materia medica, and the necessities for large hospitals would be thus diminished, and it would become a matter of political economy.

SECOND DAY'S PROCEEDINGS.

The Society convened in the Common Council Chamber at nine o'clock. President Jones in the Chair.

Dr. Allen presented an official report of the status of the New York College of Homœopathy, communicated by Dr. Dowling.

A report of the condition of the New York Homœopathic Ophthalmic Hospital was given by Dr. Allen. The Hospital has received an addition to its building, and has now increased facilities for boarding patients. The wards are full of patients, and its dispensary crowded with applicants for treatment.

Dr. Gray took occasion to inform the Society that an application for examination before the State Board has been received by the Regents from a physician who graduated in a German university, and is now practising in Australia. Although a graduate, he had never applied for a license to practice when in Germany, and consequently desires another diploma. Dr. Waldo read a paper upon "Membranous Dysmenorrhea," and gave the history of an interesting case which occurred in his own practice. He entered quite extensively into the etiology of this affection, giving a highly entertaining dissertation upon it.

A paper upon "The Actual Causes of Pelvic Hyperæmia," and cases illustrating a method of cure, communicated by Dr. Geo. H. Taylor, was then read.

Dr. W. N. Guernsey read a paper upon "Proliferous Catarrhal Inflammation of the Middle Ear," which was followed by an article upon the "Remote Results of Aural Diseases in Children," by Dr. Houghton, giving a lucid *exposè* of the course of chronic aural affections in children. The Doctor took occasion to call the attention of the Society to the evil consequences which may arise from neglect of treatment, and quoted extensively from Roosa to endorse his views. The remedies which he preferred in these cases were *kali iod.*, *iod.*, *merc. viv.*, and *sulph.* The galvanic current was a great adjuvant in the treatment, as it produced disintegration and absorption of the plastic matter. The Doctor gave numerous cases of cure from its use.

Dr. Throop showed to the Society a new instrument which was intended as a substitute for Sims' clamp, invented by Dr. Sims. A new vaginal dilator, by Dr. Moore, was also exhibited.

An article communicated by Dr. P. C. Dunning on "Calendula *vs.* Carbolic Acid," was read.

Dr. Searle read a paper giving the history of a case of Retinitis Pigmentosa, which occurred under the care of Dr. Gorton, of Brooklyn, that was greatly relieved by the use of *phosphorus* 30. He considered it an almost unparalleled case, as the disease is ordinarily supposed to be incurable.

Dr. Minor, upon request, described Esmarch's operation, and reported cases where he had practised this method.

Dr. Searle reported a case of supposed spasm of the tensor tympani muscle. The symptoms were crackling sounds in the ear, which were audible at a distance of one inch. The patient was debilitated and suffering from nervous depression.

Dr. Cornell reported several cases of Pterygium, which were cured by the administration of *sulphur.*

The Society then proceeded to the election of officers for the ensuing year, with the following result:

President—L. M. Kenyon, M. D., of Buffalo.

First Vice-President—A. E. Sumner, M. D., of Brooklyn.

Second Vice-President—S. C. Knickerbocker, M. D., of Watertown.

Third Vice-President—Henry Sayles, M. D., of Elmira.

Recording Secretary and Treasurer—Frank L. Vincent, M. D., of Troy.

Corresponding Secretary—L. M. Pratt, M. D., of Albany.

Censors—Northern District—Drs. George W. Little, Fort Edward; H. D. Brown, Pottsdam; S. J. Pearsall, Saratoga Springs. Southern District—Drs. J. Franklin Smith, New York; H. G. Morrell, Brooklyn; R. C. Moffatt, Brooklyn. Middle District—Drs. S. C. Warren, Jordon; A. E. Wallace, Oneida; C. E. Swift, Auburn. Western District—Drs. T. C. White, Rochester; W. B. Brown, Palmyra; H. S. Hutchings, Batavia.

CHAIRMEN OF BUREAUS.

Materia Medica—James M. Cadmus, of Waverly.

Clinical Medicine—H. V. Miller, Syracuse.
Ophthalmology—C. T. Liebold, New York.
Surgery—Wm. L. Fiske, Brooklyn.
Obstetrics—T. C. White, Rochester.
Gynæcology—W. N. Guernsey, N. Y.
Pædology—T. L. Brown, Binghampton.
Histology—Samuel Jones, New York.
Climatology—L. B. Waldo, Lansingburg.
Vital Statistics—H. M. Paine, Albany.
Vaccination—F. L. Vincent, Troy.
Medical Education—John F. Gray, New York.
Statistics of Medical Societies and Institutions—E. M. Kellogg.

Resolutions of thanks to the Legislature and Common Council, and to the retiring officers of the Society, were adopted.

On motion, the question of where the semi-annual meeting should be held was left to the Executive Committee.

The Society then adjourned *sine die.*

NEW YORK CO. HOMŒOPATHIC MEDICAL SOCIETY.

The New York County Homœopathic Medical Society held its regular monthly meeting at the New York Homœopathic Ophthalmic Hospital, Wednesday evening, February 12th. Dr. Throop in the Chair.

Several physicians were nominated for membership.

Drs. Geo. B. Durry, W. L. Fleming, B. B. Hunt, and H. Barber, were elected to full membership.

Dr. Allen gave a synopsis of the transactions of the State Society at its recent meeting at Albany.

The report of the Chairman of the Bureau on Materia Medica was received.

Dr. Allen had prepared a paper upon the proving of simples. The Doctor thought it was very desirable that simples or alkaloids should be carefully proven, as they were limited in number, and it would simplify the list of symptoms for classification. Many of the alkaloids produced very different symptoms than the plants from which they were derived, he said, and illustrated this statement by the different symptoms produced by *senega* and its alkaloid, *saponin*. He had once cured a case of paralysis of the superior rectus muscle by the administration of *senega*. The prominent symptoms of the drug were those referable to the respiratory organs, but its alkaloid, *saponin*, prouduces anæsthesia and paralysis of the vaso-motor nerves; hence the explanation of the cure effected in this instance.

Dr. Hills read a communication from Dr. Dunham, furnishing notes upon the action of certain drugs. *Sepia*, he said, although often indicated in uterine disorders, frequently failed to produce a cure. When there are sensations of dragging and relaxation in the pudendum, accompanied with more or less leucorrheal irritation, and pains in the loins, hips, and down the thighs, and great suffering upon exertion, *sepia* was frequently prescribed, but often unsuccessfully; *murex purpura* is generally serviceable in these cases where *sepia* fails. *Sepia* is the preferable remedy when the menses are postponed and scanty, where there is little sexual desire and the patient is melancholic. *Murex purp.* is indicated in those of a nervous temperament and of a lively, cheerful disposition and strong, determined will; in those who are well developed and have strong sexual passions, and whose periods of menstruation are generally anticipated, and the menses very profuse.

The Doctor reported a case of severe gastro-intestinal catarrh cured by the use of *argentum nitricum*. A child eight years old had, shortly before his visits, been suffering with cholera-morbus. It was still very ill when he was first called, having greenish-yellow stools, and vomiting a greenish, watery substance, with a little milk, every three or four hours. It lay in a stupefied condition, its pupils were widely dilated, the urine scanty and passed at long intervals, and during the twenty-four hours previous only one-half ounce had been voided. The little patient was greatly emaciated, and the father was fearful of spasms. The case had been considered to be hopeless by the physicians previously in attendance. *Argentum nitricum*, 200th, was prescribed, as it was particularly indicated by the urinary symptoms, and within three days the child was greatly improved and made a rapid convalescence.

Dr. Hills furnished a paper upon the methods of administering medicines and their respective advantages. The Doctor took the position that remedies were to be given only internally. He thought when otherwise used they often caused metastases, and narrated numerous cases to corroborate his views.

Dr. Doughty thought that Dr. Hills had taken an untenable position. He invariably used in some affections the local application of medicine, and had never obtained bad results by metastasis. In gonorrhea he made use of injections, and in venereal ulcers the *caustic* or *astringents*, and never as yet had seen bad results.

Drs. Houghton and Arcularius expressed their dissent to Dr. Hills' views on metastasis. Dr. Allen considered that Dr. Hills had advocated very pernicious doctrines, and as to treating iritis without the instillation of *atropine* in the eye, as the doctor advocated, he considered to be dangerous teaching. He had tried faithfully for two years to cure iritis without the use of *atropine*, but had failed in all but two cases. If there were not decided amelioration of the symptoms within the first twelve hours, it was the duty of the physician to resort to the use of *atropine*. In the treatment of catarrh it is absolutely essential that the affected parts should be thoroughly cleansed, and in gonorrhea and leucorrhea, as in catarrh of the naso-pharyngeal space, the diseased portions must not be allowed to remain bathed in the unhealthy secretions.

Dr. W. N. Guernsey said he did not coincide with Dr. Hills' views, as he believed that many diseases could be cured by external applications; and that very many by the conjoint use of external and internal medication were more speedily relieved than with the use of either local means simply, or by administering medicine internally only. In the treatment of skin diseases local treatment alone would cure, and was the only method of treatment at the famous school for dermatology, under Prof. Hebra, at Vienna. He did not entertain any fear of metastasis in these cases, as did Dr. Hills, and if other maladies arose, it could not be generally said that the treatment exhibited and the last manifestations of disease were related to one another, as cause and effect. Even the so-called "striking in" of

measles could not be called the cause of the bad turn in the disease, but must be regarded as the effect of it, and due to the general collapse of the patient. The Doctor did not generally rely upon local treatment alone, but used it as an adjuvant to internal medication. Neither did he agree with Dr. Hills, that in treating catarrh of the nares, pharynx or larynx, by local remedies, that pulmonary difficulties oftener arose than when treated by internal medication alone; but, on the contrary, strongly advocated the local treatment of the diseases in connection with administering the remedies indicated by the disease.

Dr. Lilienthal reported several cases of pleuropneumonia involving the lower lobe of the right lung, and which had ended fatally. A discussion arose as to the cause of death in these cases, whether it be due to paralysis of the heart from the high temperature of the blood, or owing to the deposition of fibrim in the heart, or from other causes. A lively debate followed in regard to it, after which the Society adjourned.

Correspondence.

VAGARIES OF A CHLOROFORM PATIENT.

St. Louis, January 28, 1874.

Editors Medical Union:

"The Vagaries of a Sick Man," published in the January number of your excellent journal, has prompted me to condense for you the annexed wierd and vivid description of the feelings of a patient while under the intoxication of chloroform. It was written some years since, and I am unable now to give the author. But if you think it worthy a place, here it is.

Very truly yours, Similia.

"My last recollection is of the surgeon applying the handkerchief to my mouth; then the room began to magnify to gigantic proportions, a common lamp was transformed to a candelabrum, more luminous and costly than ever lighted the grandest cathedral in the world. The surgeon became a giant of prodigious magnitude, holding a huge, gleaming knife, with a single blow of which he might have severed me. The sound of voices in the room seemed like the clamoring of a vast multitude during the burning of a city, and a signboard screeching outside, conveyed the idea of a furious mob collecting in the street for my execution. On entering the room, I had noticed a large cat sitting asleep on a shelf, which turned its head lazily toward me, and then resumed its slumbers; this creature became a hideous, vampire-like monster, with great fiery eyes, and with fangs and claws like what were fabled to belong to the griffin; walking round and blowing fœtid breath on me, and pressing its frightful paws on my breast. * * * * *

"Everything changed to an existence of indescribable pleasure; I laughed and danced like one mad with exhileration of unexpected deliverence from torture; the air came into my lungs gratefully as the uprising of cool water to the lips of a thirsty drinker. The aroma of celestial gardens seemed about me; I believed that I was in the territory of souls, and wondered how any should fear to die. I could hear sounds in the street, but they seemed to prolong and swell like the sound of a great organ. Millions of symmetrical creatures passed in review, along a horizon of silver and gold, and yet I was conscious that they were but the creation of a distorted imagination.

* * * * But the worst of all was a collection of gigantic men sharpening instruments for my dissection. I could hear the whirling of the stone and the shrieking of the highly tempered knives as the grinders laughed at the intended dissection. I shrieked and screamed, blasphemed and besought my tormentors, but still the instruments hissed through my quivering flesh, and grated on every bone. I am satisfied that all these emotions were experienced within a moment after the first inhalation, which began the process of stupefaction. * * * But a gradual revolution of mental perception succeeded; those frightful spectators began to recede; the man and knives began to diminish; the cat returned to natural proportions, and crept slowly away; the voices became less harsh and threatening, and the noise in the street was subdued to unbroken silence. I looked into a universe of light, with nothing visible, until distinct forms appeared on the horizon coming toward me, and defining themselves as they came. One was my mother clad in grave clothes; but, as she neared me, her habiliments changed to the fabric which glittered in the prophet's vision when he looked over the 'great congregation which no man could number.' Directly she stood by me; and recognizing every feature, I saw that each age mark was gone; her cheek was fresh as the young girl's when she first blushes at the whispered words of love, and stooping to kiss me, the apparition went out, leaving another still more beautiful and youthful; it was the figure of my young wife, who died on the birth of her first child. She held an infant in her arms, who reached down and ran his tiny fingers through my hair; but when I tried to take him in my arms, infant and mother was gone.

"Presently I became conscious of returning sense; my limbs felt unwieldy, and of too great proportions to be moved by the strengthening will; my eyes opened, and began to discern the objects returning to natural dimensions, and I began to comprehend the conversation of persons in the room. The operation had not occupied half an hour, but I had lived centuries of indescribable horrors, and emotions of happiness, which are incomprehensible to the sane and wakeful mind."

Scientific Gleanings.

Rupture of the Stomach—(*British Medical Journal*).—Mr. H. Kirwan King was summoned hurriedly to his office, and found a man staggering about, unable to speak, but groaning with acute pain, and both hands pressed firmly into his stomach. He fell down in a state of collapse, and died in a few minutes. At the post-mortem examination, two enormous clots were found on each side of the spine; and on the anterior surface of the pyloric pouch was an irregular aperture, with edges infiltrated with black blood, and presenting appearances of ulceration. The upper portion of the duodenum was distended with clots. The liver was quite healthy, but a roundish gall-stone, about the size of a nut, was firmly impacted in the neck of the gall-bladder. The remaining viscera were quite healthy. The rupture was probably induced by the efforts made to relieve the pain of the gall-stone by violent pressure to the epigastrium; the coats of the stomach being preternaturally weakened by ulceration, gave way, and the patient died from the shock.

Aspirating Puncture in Strangulated Inguinal Hernia.—Case recorded by Dr. Albanese, in *Gazetta Clinica di Palermo*. Patient, thirty-seven, and suffering for three years from reducable inguinal hernia, suddenly presented signs of strangulation. Taxis was performed uselessly, and the worst signs came on: imperceptible pulse, fœcal vomiting, &c. The tumor was the size of a lemon, transparent, and sonorous on percussion. Taxis, after local and general anæsthesia, was again vainly tried. The mesial and external part of the tumor was then punctured. About four drachms of an alkaline liquid, without any smell, came away. Some gas escaped, and reduction was still impossible. The instrument was then introduced about one inch higher. Five drachms of fluid were then aspirated, and more gas escaped. Taxis became possible, and the patient soon recovered.

The Nerves of the Plexus Choroideus.—At a late meeting of the Royal Medical Society of Vienna, Dr. Benedikt stated that he had been successful in tracing nerves directly into the inferior choroid flexus from the medulla oblongata. In order to exhibit the nerves, the fresh choroid plexus must be placed for a short time in Müller's fluid, and then in a solution of caustic soda, when double-contoured nerve fibres may be observed entering the border of the plexus. The fibres can be traced from a fissure in the medulla oblongata, running obliquely upwards and outwards from the funiculus teres over the ala cinerea. An oblique cut in this vertical direction shows a band of ascending fibres, from which the branches to the plexus are derived.

General Tuberculosis in a Fœtus of Seven Months and a Half.—Case recorded in the July number of the *Lyons Médicale* by Dr. Chabrin. A woman of twenty-nine years became phthisical during her third pregnancy. She gave birth to a girl, and shortly after both the mother and child died. In the mother, the tubercular lesions were found especially developed in the lungs; in the child, the abdominal organs were especially affected. The liver, spleen, and epiloon were found full of granulations. The author explains this difference in the localization of the lesions, by the activity of the respective organs. In the mother, the lungs, being more active, became the seat of tubercular lesions; whereas, in the fœtus, the abdominal organs (liver, spleen, &c.), being especially active, were affected by the disease.

The Action of Coffee on Strangulated Portions of the Intestines.—The action of coffee is considered by Dr. Nagel, of Vienna, in a report on two cases of incarcerated hernia, to be very advantageous. In one case in which the coffee was not tolerated, caffein was given in doses of one grain every half hour. The exposition, accompanied by a rumbling noise in the bowels, was readily accomplished. The action appears to depend on a powerful stimulation of the peristaltic movement of the intestinalcanal. Prof. Nagel recommends that this innocent and yet efficacious remedy be always tried before other attempts at reposition.

Dr. Reuling, of the Maryland Eye and Ear Institute, writes that the disease known as Egyptian or granular inflammation of the eyes is spreading rapidly through the United States. It sometimes causes blindness, and it is very contagious. He adds: "I have in many, and I may say the majority, of cases, been able to trace the disease to the use of the so-called rolling towels. I therefore would strongly recommend that their use be abolished, for thereby we will discard one of the great instruments for the spread of such a dangerous disease of the eye, by which thousands of working men are annually deprived of their means of support."

Inhalations of Oxygen in the Treatment of Hydrophobia.—Laschkewitsch (*Gaz. Méd. de Paris*), has administered inhalations of oxygen to a peasant, who, ten weeks before, had been bitten by a mad wolf. The tetanic muscular contractions ceased, the cyanosis disappeared, and the exacerbations of violence gave place to a quiet, gentle condition. Notwithstanding the fatal result (due probably to the inattention of the nurses, who discontinued the oxygen inhalations), the author recommends the use of this agent to the attention of the profession.—*Central Blatt.*

SYLLOGISMUS CROCODILUS.

Here is a plain statement upon which some of the readers of the UNION may find time to exercise their powers of logic. It is an ancient syllogism, framed with wonderful ingenuity, the acuteness of its construction being unsurpassed by anything we have ever seen. It may be thus stated: An infant, while playing on the bank of the river, was seized by a crocodile. The mother, hearing its cries, rushed to its assistance, and by her tearful entreaties, obtained a promise from the crocodile, (evidently of the highest intelligence), that she should have her child again if she would tell him truly what would happen to it.

Thus encouraged, the mother asserted: "You will not give it back."

To which reply the crocodile responds: "If you have spoken truly, I cannot give back the child without destroying the truth of your assertion; if you have spoken falsely, I cannot give back the child, because you have not fulfilled the agreement; therefore, whether you have spoken truly or falsely, I cannot give it back."

The mother, we may suppose her wits sharpened by the imminency of the peril, retorted: "If I have spoken truly, you must give back the child by virtue of your agreement; if I have spoken falsely, that can only be when you have given back the child; so that, whether I have spoken truly or falsely, the child must be given back."

History is silent as to the issue of this remarkable controversy.

DESCRIPTION OF A PERFECT HORSE.

Shakspeare's model for a good horse is inimitable, both in its detail and brevity. He has written in four lines what would equal a volume of average horse literature. Here it is:—

Round-hoofed, short-jointed, fetlocks shag and long;
Broad-breasted, full eyes, small head and nostrils wide;
High crest, short ears, straight legs and passing strong;
Thin mane, thick tail, broad buttock, tender hide.
Look, what a horse should have he did not lack,
Save a proud rider on his back.

URETHROTOMY IN THE AGED—(*The Lancet*).—Mr. W. L. Crowther advocates median-urethrotomy with digital dilatation of the prostate in those persons who from age, debility, or chronic cystitis, are unfit subjects for either lithotrity or the lateral operation. He says the operation produces only one shock, involves no cutting either of the prostate or the bladder, is attended with the smallest loss of blood, entails no risk of subsequent hemorrhage, and makes the smallest demand upon the reparative powers.

THE MAINE House of Representatives has refused to abolish the death penalty by a vote of 73 to 57.

Condensed News Items.

MORE THAN twelve thousand poor were provided with food at the public soup houses of this city, on the 28th ult.

THE Mississippi Legislature has before it a bill intended to prohibit druggists from selling vinous spirits except upon physicians' prescriptions.

DR. HENRY MILLER, President of the Louisville Medical College, and author of several medical works, died in Louisville on the 8th ult.

HON. HENRY SMITH, President of the New York Police Commissioners, died in this city on the 25th ult., of rheumatism of the heart.

A NATIVE Hawaiian newspaper denies that the Hawaiian race is dying out, but admits that the people have lost hope in their country's future.

A FORMER millionaire of this city, named Benoine Howard, was last month sentenced to five years in the penitentiary for counterfeiting penny match stamps.

THE FARMERS around Kyneton, Australia, were no sooner thoroughly frightened by swarms of locusts than thousands of voracious crows swept down and ate the plague.

A GENTLEMAN in Georgia, all of whose limbs, with the exception of his arms, have been paralyzed, teaches a large school. So says a letter.

THEY HAVE what they call a "breathing cave" in North Carolina, from the entrance of which the air is expelled with great force during the summer, and drawn in during the winter months. No cause has been ascertained.

A FRENCHMAN, named Jacob Louis, died in this city on the 21st ult., aged 104 years. He never fully recovered from wounds received in the battle of Waterloo, but was otherwise in good health until within a fortnight of his death.

A CORRESPONDENT of the *Key West Despatch* says that on Cozumel Island are yet to be seen the walls of the first church ever built on the continent of North America. Cortez was the builder, before he conquered Mexico. The foundation and walls are yet partially preserved, each side having an elevation of about ten feet in places. The altar is overgrown with brush, and wild flowers bloom and birds sing over the tombs of the early adventurers.

AN EVEN TEMPERATURE.—The mean temperature at the foot of Mount Tamalapais, at San Rafael, California, for the month of December, was as follows: at 7 A. M., 46; 2 P. M., 52; 9 P. M., 49; the maximum temperature was 55, 59 and 56, for the hours named; and the minumum temperature was 35, 38 and 42 for the same time. This indicates a very even temperature, and speaks well for the locality as an invalid resort, for which it is noted.

Publisher's Department.

S. J. ALBRIGHT, Publisher.

Office, 93 Liberty Street, New York.

A New Electro-Magnet.

The process heretofore in vogue for the production of electro-magnets, has been by encircling a piece of soft iron in a helix of insulated copper wires charged by a battery. Mr. C. A. Hussey, of this city, informs us that he has discovered a new mode of making electro-magnets of great power, without the use of battery or chemicals, and that he is now constructing a machine entirely different from anything heretofore devised, to be comprised of such electro-magnets. As the discoverer has not protected himself by letters patent, he retains the *modus operandi* for the present as private information; but hopes to finish and perfect his mode (which he has shown to us) during the coming summer, when the public will be enlightened as to the scientific details of the discovery.

As an evidence of the wonderful attractive power of the new magnet, Mr. Hussey states that two pieces of soft iron, charged by his process, three-sixteenths of an inch in thickness by two inches in length and breadth, when brought into juxta-position, will withstand the average strength of a man in their separation. This greatly exceeds, so far as we are aware, the attractive power of any magnet yet discovered.

It is confidently expected to utilize this newly-developed motor by applying it to every description of machinery now dependent upon steam as a driving power, which it is hoped in a great measure to supersede, both as a safe and economical motive force.

Mr. Hussey, who is a young gentleman of rare scientific and literary attainments, has promised that, when his model shall be perfected and protected, he will give to the readers of the UNION a detailed description of the discovery, upon which he has been engaged for the past four years.

Our Advertising Pages.

We desire to call special attention to our advertising pages. It has been our aim to make them of real benefit to the buyer, as well as to the seller; and to that end we have accepted only such advertisements would bear the closest scrutiny; and none other will ever, with our knowledge, find their way into the pages of the UNION. We hope to have, hereafter, at least one first-class house representing each of the different branches of trade and industry, and from these our readers may supply their wants with perfect confidence of being fairly and honorably dealt with.

Charity and Pleasure Combined.

A gentleman of this city, celebrated no less for his philanthropy than for his marvelous dexterity in slight-of-hand illusions, is to favor the public with an amateur exhibition of his skill at the Christian Association Rooms, Fourth Avenue and Twenty-third Street, on the evening of the 24th of March. The entire receipts will be given to the Homœopathic Dispensary. Here is an excellent opportunity for our friends to assist a most worthy charity, and at the same time pass a pleasant evening. Who will dispose of the greatest number of tickets?

Hazard & Caswell,

The popular Druggists, under the Fifth Avenue Hotel, present through our advertising pages a list of standard medicines of their own preparation. The high standing of this house, and their well-known reliability in the compounding of medicines, is sufficient to insure for them a good share of prescriptions from our city physicians, and of wholesale orders from country druggists.

Answers to Business Letters.

H. W. D., Scranton.—Some of the back numbers of the "Obstretrical Journal" are out of print, and cannot be procured.

G. F. L., "Student," Phila.—We have no published "club" rates. You may retain 25 per cent. for your trouble.

C. T. C., Titusville.—Work forwarded, as required.

Manget's Collecting Agency.

Mr. John A. Manget, 68 Wall street, Collecting Agent, has a card in the UNION of this month. We can fully endorse Mr. Manget as reliable and prompt in all his dealings. We have had occasion to test his work.

Prepare for Spring.

To any and all who may desire a "crowning glory" in the guise of a new spring hat, we beg to introduce "our hatter," Mr. J. R. Allen, of 24 Fourth Avenue. His work is all that could be desired.

Berendsohn Bros.,

At their rooms, 23 John street, have an assortment of anatomical models worthy the inspection of physicians. They likewise supply Medical Books, Charts, Skeletons, &c., &c., in great variety.

Registered Letters.

The legal fee for registering letters, which was formerly fifteen cents, was reduced to eight cents on the first day of January last.

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Original Articles.

TEN QUARTS OF WATER DRAWN FROM THE BLADDER OF A WOMAN AT ONE OPERATION.

BY A. K. GARDNER, M. D.,

Late Professor of Obstetrics and Diseases of Women in the New York Medical College.

I was called by Dr. Campbell, of this city, on December 14, 1873, to see Mrs. R., in Brooklyn, who had some peculiar symptoms, the cause of which was not easily recognizable. Her history was briefly as follows: She was about thirty-six years of age, and for some years a widow, and had been several times a mother. Latterly—until within a week or ten days previous to my seeing her—she had been living some fifty miles, more or less, distant from Brooklyn, and engaged in nursing an old and very heavy woman, lifting her bodily until her death. She was not conscious of any wrench or strain in so doing.

She came to Brooklyn for two reasons: ostensibly, to see friends; really, to find some person in whom to confide the fact that some recent indiscretions had been followed by an arrest of her monthly period and great abdominal tumefaction. Previous to her being seen by Dr. Campbell, she had visited a physician in New York, who made a digital vaginal examination, also exposing and palpating her abdomen, and reported to her that he was unable to tell her whether she was pregnant or not; that she was too much bloated and dropsical to make a satisfactory examination. He then gave her a quantity of diuretic medicine, *infusions of parsley, nitre*, etc., and told her to return at some future time.

From this period she began very rapidly to enlarge, and after three or four days had elapsed first saw Dr. Campbell, and the day following, in the evening, I first visited her; and then I obtained, in the main, the facts here narrated, and which the reader will please to carefully remember, that he may follow the developments of this case, containing facts which require the fullest explanation to be considered possible.

On visual examination of the woman, lying upon a bed, she appeared healthy and well so far as her face and features were concerned, her pulse being normal in volume and rapidity; but her abdomen was very large, and seemed in size to be even larger than a woman at full time; but the tissues were œdematous; vulva, limbs and feet very much swollen and hard; but, by firm pressure, the finger made deep indentures, and the pitting upon pressure was very marked. Her appearance indicated that she had arrived at full time, and that all this very extensive œdema was that not unfrequently seen where there is either renal disease, or pressure of the child upon the recurrent vessels, impeding the return of the serous blood. This idea, indeed, was so strongly pressed upon my convictions that I was inclined to think that the woman had some mental vagaries, and that the facts were really as they appeared. The members of the family, however, and in fact the gentleman himself, whose wife he had nursed, (but who was ignorant of the fact of her having had any opportunity to become pregnant) were firm in their statements that this enlargement was quite recent—that no sign of it had been apparent when she came to the house but a week or so previously. It was impossible to discredit such statements so forcibly made, and we were compelled to take some other hypothesis as a starting point for a diagnosis.

I next instituted a digital vaginal examination, and immediately found the entrance of my finger impeded by a firm tumor pressing back toward the sacrum, and filling up the vagina so as to materially interfere with the presence and movement of the finger. I endeavored to make room, and thought to elevate this tumor by making a persistent and somewhat firm, but gradual, pressure upon it, but, however, with little observable effect; but as it gave little or no pain, I persisted, until I was astonished by feeling a gush of fluid upon my hand, which continued so long as I

continued the pressure, and ceasing utterly with my relaxing efforts. I called for a light, and saw only a clear watery fluid continually escaping from between my fingers, and so copiously flowing that soon the bed was saturated, and it streamed through the mattrass and made quite a pool upon the floor. The exact spot from whence it flowed I could not determine, but I judged it was from somewhere quite within the vagina.

The idea then struck me that perhaps this was a case of hydrometry, and that her supposed pregnancy, of which she had no other symptoms than the stoppage of her menses, was really but an occlusion of the cervix, perhaps by the tumor before described, and that it was this blocking up that was simply the cause of this congregation of symptoms so abnormal and unusual. This opinion was not fully reasoned out in the exigency of the moment, but the suggestion so far acted upon as to attempt to pass a uterine sound into the uterine cavity and so to explore it, so as to get somewhat nearer to a correct view of the case. Now this was not found to be so easy a matter as stating it here, in the first place from an inability to find any cervix uteri, which was really no slight impediment to performing the operation. But by dint of persistent trying, room being made by the constantly flowing waters, this organ was forcibly discovered by the very tip of the finger introduced as far as possible immediately behind the pubes, and here the sound could not be introduced within the uterus until the flexile metal was bent to quite a sharp angle, so as to run parallel with the plane of the superior strait. But the sound introduced fully within the uterine cavity merely showed that the organ was enlarged so as to admit the sound to the extent of about six inches; for not any perceptible amount of fluid escaped from it, and thus this temporary diagnosis was dissipated almost as soon as made. The manipulation with the sound, to endeavor to move the organ and to approximate its restoration to its natural position, was fully made, but with no apparent effect.

No insight being thus gained, I determined upon making an examination of the condition of the bladder; and passing a long tube into an unusually extended meatus urinanus, I began to draw off the retained urine, which freely flowed at first in the bed; and then a toilet mug was produced, and this being again and again emptied into a chamber, until I not only became frightened, but astonished at the quantity, for the large chamber was filled and yet the stream still flowed. The catheter was then exchanged for the larger nozzle of an india rubber syringe in my case, and a second chamber was filled with this limpid, odorless fluid. It took no little time for all the fluid to escape, and then it was that the diagnosis was made, the cause given, the rationale fully made out sustaining this conclusion.

If a stranger to the profession, or any one, however well known as an accurate observer and a truthful reporter, should state the bald fact, as I do now—*that at a single operation he drew off from the bladder of a woman the amount of between ten and twelve quarts of fluid*—the quantity that escaped in the bed being variously estimated at from two to four quarts—no one would credit the statement, for no man has ever before known the bladder to contain so great an amount of fluid! He would say that the organ would have long before burst. But the fact is that the chamber, which held by measure over five quarts, was twice filled so as to require care in moving it to prevent its slopping over.

But the fact is as stated, as my reader will perhaps credit when he hears the rationale. But prior to entering upon this statement, I will further add that Dr. Campbell drew off, the next morning, six quarts of water from the bladder, the next day a very large quantity, but much less, the œdema entirely subsiding and the dropsy of the abdomen passing off with every day's drawing off of the water.

RATIONALE.

What is now to be proved, is the possibility of the human bladder containing at one time ten or twelve quarts of fluid!

That this quantity of fluid could be stored within the uterus or the peritoneal cavity, there can be no cavil. That the limitation to the growth of the bladder by the slow accretion of the urine, as to the uterus of the fœtal development, is the limitation of the peritoneal capacity, is also indisputable. As the woman entirely recovered, and at the present writing is now some months pregnant, the following statements must be admitted as facts:

First—She was then pregnant.

Second—In consequence of her straining in lifting a very heavy woman, there was uterine displacement, indeed retrocession of the enlarged uterus.

Third—In consequence of this retrocession, the cervix uteri pressed against the urethra and the neck of the bladder.

Fourth—This pressure—which at first produced little or no obstruction to the flow of the urine, in consequence of the continual growth of the impregnated uterus—became very gradually greater and more persistent, so that, although urination was not precluded, the bladder was incapable of being fully emptied, with the result of a continually increasing residuum, a gradual paralyzation of its muscularity, a constant development of its tissues, an ever-increasing pressure on the recurrent vessels, consequent ædema and local dropsy. The unfortunate treatment for these symptoms by diuretics, aggravated the case by increasing the secretions.

That this was not sooner suspected, was owing

to the fact that there was at no time any stoppage of water—in fact she was voiding it with unusual frequency every day, although her attention was not especially drawn to the afterward recognized fact that the united quantity made was not more than a third of the quantity usually discharged in a given period of time—say twenty-four hours.

I trust I may be excused for the prolixity and detail which I have given to this case, on account of its peculiarities, its obscurity, and mainly on account of its apparent impossibility.

THE TREATMENT OF SPRAINS.

BY JOHN C. MINOR, M. D.

A very fortunate experience in the treatment of these cases leads me to give an account of the method I have usually followed. It is purely a local treatment. Two kinds of cases come under my care—those that are recent, the injury having been just received, and the chronic cases of weak or "lame" joints, resulting from sprains or twists. In the recent cases there is neither break nor dislocation of any bone or tendon. They are merely the ordinary sprains, in which the ligaments and tendons may be stretched, but not torn, followed rapidly by serous infiltration of the tissues, the part becoming swollen, livid and cold. After a short time the joint becomes still more swollen, with the development of heat, synovitis, and more or less pain. Sometimes ecchymoses appear at once, but generally not before the second or third day, and in some cases not at all. As the result of this acute stage we have the deposit of plastic material in greater or less abundance around the joint, but more particularly in the tendonous sheaths, giving rise to a painful crepitation of the tendons and an impairment of their functions. There is left in some an evident thickening of all the fibrous tissues; in others, a relaxed and weakened condition of the ligaments. In some cases it is impossible to discover any abnormal condition by the most careful anatomical examination, although the patient may be very lame and unable to use the joint with any freedom.

The patients who suffer from the results of old sprains—and my experience has dealt more particularly with such cases—are able to walk pretty well on level ground. With the help of an elastic support to the joint, and a stout cane to lean on, they can travel around with some degree of comfort. But they soon get tired and lame; and how to go up stairs or down stairs without a halt or without pain, is an unsolved problem. It is particularly this action of going up or down stairs that develops the greatest pain and inconvenience. The pain is located in the tendon of the quadriceps extensor femoris, and the internal lateral ligament of the knee joint, when the trouble is in the knee; in the tendo Achilles, the anterior and deltoid ligaments, in cases where the ankle joint is at fault.

The usual treatment of recent sprains is by cold compresses to the part, with lotions of *arnica*, *ledum*, *hamamelis*, etc. When the acute condition is passing into the chronic, *tincture of iodine* or a succession of blisters are used, until the patient is able to use the elastic stocking and cane. Internally, most of the patients who come under my care have received *arnica* or *silicea*, or perhaps *iodide of potash*.

The treatment which I prefer in recent cases of sprains, as giving quicker and better results than the methods more commonly used, is very simple, viz: hot water and bandages. The method of treatment is as follows, taking a case of sprained ankle for an example:

The patient is made to place his foot in a large pailful of water as warm as can be borne. This hot bath is continued for at least three-quarters of an hour—a full hour is better yet—and the temperature of the water is kept up during the whole time by the frequent addition of hot water from time to time as needed. The foot is now taken from the hot bath and wiped dry, and it will be noticed that the swelling has become much softer, and in many cases every appearance of congestion will have disappeared. The next step is to apply the bandage, and this requires great care, because it is essential that strong compression of the part shall be used. The only bandage I use is made of new flannel of good quality. I use it because it is the best bandage. I recommend it because it is also the safest bandage. The flannel bandage is applied from the toes to the middle third of the leg, with many reverse turns around the ankle joint, and with great firmness. It is well to place pads of cotton behind each malleolus at the subsequent dressings of the part.

The patient should now go to bed, and be cautioned against wetting the bandage with anything in the shape of lotions. The bandage once applied is to be let alone until the next day, unless the pain increases, in which event it should be loosened and the ordinary lotions applied until the pain subsides, when the process may be repeated. When the pain interferes with this treatment by compelling the patient to loosen the bandage, the fault is not generally in having the bandage too tight, but in not applying the compression with sufficient care. We should be very particular in graduating the compression, so that the circulation is not impeded. Above all things, we should never intrust the application of the bandage to the hands of others. Unless the physican carries out the treatment himself, it would be better to try some other method. Every day, and if possible, twice daily, the bandage is to be applied, so as to follow up the receding swelling

with constant pressure until it has entirely disappeared. Generally, the patient is walking around within ten days, when under other methods of treatment he would have been unable to do so for three or four weeks.

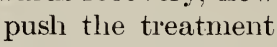
If it is impossible to devote the amount of time requisite for carrying out this treatment, we may substitute adhesive plasters for the flannel bandage, applying the plaster in the same way that we do the scrotum, each strap overlapping the previous one. This dressing should be reapplied as often as it becomes lax, until all the swelling has subsided. Follow this treatment with daily frictions of the joint with warm olive oil. In case the knee joint is affected, the same method is carried out, using thick compresses continually saturated with hot water. While the hot water is being used the leg should lie on a rubber cloth, so arranged that the water runs off into a pail at the side. The bandage begins at the toes and extends above the knee. In all other respects the treatment is the same as in the ankle, except that no pads are to be used around the knee joint.

From this description of the treatment of recent sprains, it would, perhaps, seem that the method would be likely to give considerable pain. In actual experience, however, I have found it to be productive of immediate ease and comfort to the patient, except in rare instances.

We now come to a class of cases—the chronic ones—in which the prognosis is not usually considered as favorable to a complete restoration of the functions of the joint. And yet my own experience has been such as to lead me to regard them more hopefully. All sorts of cases have presented themselves to me with chronic troubles, especially in the knee joint, resulting from old sprains, twists, or other injuries, excluding dislocations and fractures. These patients have presented every variety of abnormal condition—from crepitating tendons to white swellings. I cannot claim invariable success in their treatment, but the results obtained have been such as to lead me to approach even the more difficult and unpromising cases with a degree of confidence which is greater than the standard authorities would warrant. It is not possible within the limits of this article to consider anything more than the treatment of the usual *sequelæ* of sprains; but the same treatment, with some modifications, has been of great service to me in other and more serious affections of the joints, to which I may possibly refer in a future article. I have already indicated the characteristics of the common cases of lameness resulting from sprains, and it only remains to speak of the treatment.

It consists, mainly, in the use of the galvanic battery twice a week, the application of *iodide of lead* in the form of an ointment every-other-day, in small quantity, and the use of electric disks at night. This treatment is subject to great variation, according to the condition of the part or the constitution of the patient. It will be seen, of course, that the whole of the treatment consists in the use of the most powerful absorbents; but cases occur in which there has been no effusion of plastic material, and consequently no indication for such a treatment. Such cases, however, are rare, and when they do occur, require the Faradic current or some specific internal treatment, and generally both. Other cases occur in which it would be injudicious to use inunctions of *iodide of lead* ointment. Such cases include those patients in whom the rheumatic or gouty diathesis is strongly marked—systems which are often so susceptible to the influence of lead, administered in this form, that they soon show by the constipation, colic, blue margin of the gums, and other symptoms, that they cannot tolerate the remedy.

These agents must be used with great care; but perhaps I should be doing too much in attempting to give the indications for each detail of treatment. The general rule for obtaining the best results should be, to do too little rather than too much, to be content with a steady progress towards recovery, however slow, and to be ready to push the treatment to any extent within the bounds of safety before abandoning it as useless.



Test for Determining whether Albumen found in Urine be Dependent upon Bright's Disease or Puerperal Derangements.—Robin, in a recent work on the fluids of the body, has demonstrated that urinary albumen has not the same composition as the albumen of the blood, and that the albumen of Bright's disease differs essentially from that occurring in the temporary albuminuria of pregnancy, as can easily be shown by its chemical reactions. The albumen of the urine in Bright's disease, when brought in contact with the oxide of copper, assumes a beautiful reddish-violet color, and produces a more or less abundant flocculent black precipitate. Now, the urinary albumen of pregnancy, when Bright's disease does not exist, while it coagulates readily by heat and nitric acid, does not exhibit any such relation with the oxide of copper.

Disraeli, in a late speech, said that "within the last fifty years the revolutions of science have had much more effect in moulding the world than any political causes, and that they have changed the position and prospects of mankind more than all the linguists, and all the codes, and all the legislators that ever lived.

The State Homœopathic Insane Asylum will be open for the reception of patients early in April.

USES OF IODIDE OF POTASSIUM, WITH ILLUSTRATED CASES.

BY J. N. TILDEN, M. D.

The following cases are reported, not for the purpose of endeavoring to show any new application for this well-tried and valuable remedy, but to freshen our memories, if need be, with the fact that this medicine often has the power to assist us in bringing to a successful issue obscure cases of disease, which have for a long time puzzled us and baffled our best efforts for their relief. By this I would not be understood to ascribe universal powers of healing to the remedy. In secondary and tertiary syphilitic affection, and wherever we have reason to suspect the syphilitic cachexia, we would naturally administer this medicine without fear of disappointment; but I have found cases where no syphilitic history can be elicited—no syphilitic characteristics defined—where this remedy has at once proved efficient after other medication had been used in vain; and I believe in these cases, where its specific action for benefit is quickly and well marked, that it is very difficult to find its equivalent in any other remedy. It is possible, however, that these cases are, in reality, syphilitic in their origin. Without attempting to delineate the class of cases to which we may apply this medicine with success, I will cite a few illustrative cases, which, although dissimilar, are typical of those where we may administer *iodide of potassium* with reasonable expectations of benefit.

Case I.—Mrs. S., aet. 31; married eight years; sterile; menses regular, but scanty; constipated, otherwise digestion normal; light complexion; blue eyes; nervous temperament; does not sleep well; complains of constant wearying, throbbing pain, with tenderness in left ovarian region, attended with a continuous bad feeling in top of head; when asked to describe this latter symptom, says: "I cannot tell you how it feels. It is not a pain—it is not a throbbing. It feels queer, as if there was something alive and moving around all the time. It does not give me one minute's peace, and it seems as if I cannot endure it." The tenderness of left ovary is quite marked; there is also slight leucorrhea and frequent micturition. No digital or specular examination permitted. Treated her carefully for three months, studying her symptoms for the specific; administered perhaps a score of remedies—high and low dilutions, old standard Hahnemanic medicines, and selections from Hale's new remedies, dietetics and bathing—all were carefully and conscientiously tried without the slightest improvement. At my wits' end what to do next—almost ready to tell my patient that I could do nothing for her—it occurred to me that a medical friend of mine had called *iodide of potassium* his hobby, and "that it was the best medicine ever known." Courage once more, I said. Prescribed for my rebellious case five grains thrice daily, and requested patient to report in a week. At the expiration of that time she called with a beaming countenance, which argued a more cheering answer to my "How are you?" than the invariable "about the same; no better," which had greeted my ears so long; and so it proved, she was decidedly better, and after three weeks' further continuance of the same remedy she pronounced herself perfectly well. There has been no recurrence of the disease during nearly two years, and the patient has since enjoyed moderately good health.

Case II.—Mrs. F., washerwoman; widow; aet. 41; multipara; menses normal; always been strong and well till now; has been ill four weeks; unable to follow her occupation; but as she expresses it, "can just crawl around." Complains of constant severe heavy pain all through lower part of thorax, seeming to center at the epigastrium where it is most severe; gives pain to draw a long breath; bowels constipated; no appetite; losing flesh and strength rapidly; does not sleep well; thinks pain is slightly aggravated at night; not increased by eating; tongue slightly furred. Tried *ars.*, *bry.* *nux.*, *bell.*, *colc.*, *chin.*, *phosph.*, *sulph.*, *cimic.*, etc.; no relief; getting worse; growing weaker; patient discouraged; thinks she must die. Bearing in mind that our remedy under consideration is indicated in cases of chronic pains that are worse at night, I prescribed five grains *iodide of potassium*, thrice daily. Patient relieved in three days; able to resume her labor in between two and three weeks, and has since (a period of two months) remained well.

Case III.—J. G., aet. 50; laborer; habitual drinker; ultimate nutrition apparently good; digestion normal. In applying at my office for advice, he stated that he had been troubled with a sore tongue for the past two or three months, and that his family physician had told him it was a cancer, and advised its removal by an operation. On examination I found the tongue somewhat swollen, with a deeply excavated ragged looking ulcer, beginning at the apex of the organ, and extending backward on the right side. The amount of tissue destroyed would measure about one-half by three-quarters of an inch. The base of the ulcer, but not the edges, were firmly indurated for nearly half an inch beyond the ulcerating surface. A number of lymphatics about the neck, slightly enlarged. Patient complained of constant severe soreness, with occasional sharp stinging pain, and unable to eat anything, except soft food requiring no mastication. He denied emphatically the existence of any syphilitic poison. I prescribed ten grains *iodide of potassium*, thrice daily, and locally, a wash of *tannin*. When he next called, six days afterwards, there was a decided change for the better—less

pain and less induration. During the second week's treatment the edges of the ulcer began to approximate, and the cicatricial process went on nicely. After four weeks' continuance of the remedy, the ulcer was entirely healed, and there existed no induration save what would necessarily exist from cicatrization. Patient experienced no unpleasant feeling in the tongue, and said that it felt as well as ever. There were after this time three recurrences of the disease: the first occurred six weeks after discontinuance of the medicine; second, six months; third, about eighteen months later. Each of these attacks yielded readily to the medication—even more promptly than at first; and now, since August, 1870, the patient's health has been good, without the slightest manifestation of the recurrence of the disease.

IODOFORM.

BY W. M. L. FISKE, M. D.

My attention was called to *iodoform* about three years ago by a little article on its local anæsthetic action in one of the Allopathic journals; and having at the time a case of fissure of the anus, in which I had failed to relieve the intense pain after stool by medicine (she had refused to have an operation), decided to try the *iodoform*. I prescribed suppositories of *cocoa butter* with *iodoform* gr. xx to the oz.; one to be introduced within the external sphincter after each evacuation. It *prevented* the pain and *cured* the fissure in about three weeks.

This experience led me to prescribe, as an experiment, the same treatment in a case where I was called in to operate, with the same happy results.

My next case was one of membranous dysmenorrhœa—one of those rare cases the etiology of which is still unsettled, though the pathology has been given by Simpson, Oldham, Virchow, and others. She had been under all kinds of treatment, yet without benefit. The membrane was not thrown off at every menstruation, but when it was, no woman ever suffered more during childbirth than she. *Iodoform* gr. xxx *cerab simp*, *adipsis*, aa oz, applied directly to the os, always gave decided relief, though the odor (the disagreeable feature of the drug) was so repugnant to her that she would only try it during intense suffering.

In a case of osteoma, of slow but persistent growth, with intense nocturnal pains, the local use of this remedy gave rest at night, and combined with internal treatment of the same, arrested the growth during an observation of six months. The lady having moved away I have lost sight of her.

It has done splendid service in both indolent and irritable ulcers, used as an ointment, gr. x to oz, and given internally in the 1x and 2x dilutions. It always allays the intense itching in prurigo and prurities. A case now on hand, of pityriasis versicular, under local and constitutional treatment of *iodoform*, is doing splendidly, although it defied Allopathic and Homœopathic treatment for three years.

I have cited these few cases to show the range of action of this peculiar drug; combining, as it does, an anæsthetic and stimulating action; composed in great part of an irritant, yet with no corrosive properties.

I am aware that I have overstepped Hahnemanic rules in prescribing; but may not he, who first discarded the practice of Allopathy and embraced the new doctrine, have gone to such an extreme that, in throwing overboard *all* the experience and teachings of the "old school," he lost sight of *some* solid grains of truth, which we, in these latter days, may pick up again, and giving credit where it belongs, use to the advantage of our patients. The fault may *not* be with Homœopathy that we do not cure all cases which ought to be amenable to treatment; but, as the application and development of a great principle is always slow, so there may be justice in a man who, clinging to the tenets of Homœopathy, experiments in other fields; for the very experiment may develope some latent germ, the growth of which through the aggravation of different experiences, will be a benefit to some sufferer.

There is a great aversion among many members of our school to the use of local remedies. Everything must enter the organism through the mouth or by olfaction; yet it is a well-established fact that many drugs are promptly remedial by both hypodermic and endermic absorption, with far more pleasant results than by the stomach.

It is an established fact that an old, indolent ulcer can be nourished by direct application of food to its surface, producing more healthy granulations and better cicatricial tissue in a shorter time, than can be done by feeding the *patient* on the most approved diet. The abortive treatment of gonorrhœa is simply substituting a medicinal inflammation for a diseased one; knowing that the medicinal will cure itself, the diseased will not. Why may not a remedy, homœopathic to a disease, be applied directly to the diseased surface when possible?

INDIGO IN EPILEPSY.—Dr. L. W. Kenyon, of Buffalo, reports several cases of epilepsy which were cured or greatly relieved by the administration of indigo. He considers it to be more particularly indicated in those who are exceedingly melancholic, as he deems the mental depression to be the characteristic symptom of that class of cases which may be relieved by indigo.—*American Journal of Homœopathic Materia Medica.*

MEMBRANOUS DYSMENORRHŒA.

BY L. B. WALDO, M. D.

I was called on the fifteenth day of November, 1873, to see a lady whom I found suffering great pain, attended with very copious uterine hemorrhages, and great prostration from loss of blood and want of rest. This was the fourth day of the hemorrhage, which now amounted to flooding. The countenance exhibited the pallor of death. Her age was 37 years, and she had given birth to eight children; all of whom are healthy, and all living except two, who died in early infancy, her youngest being now thirteen months old. Her pains resembled strong expulsive labor pains, and were quite frequent. On examination *per* vaginam, I found besides large coagula of blood, the vagina contained a group of membranous shreds attached to a larger substanstile within the cavity of the uterus, and still adhering to its inner walls, but which by a slight traction on the outhanging shreds, was easily removed, and was as large as a large orange, and which on a subsequent examination proved to be a perfect and complete cast of the uterus. This membrane compares well with the decidua vera in the early weeks of pregnancy, as in it are found the triangular shape, the smooth surface within, and the rough and villous surface without. We here find also, the three orifices corresponding with the internal extremities of the fallopian tubes, and the os internum of the uterine cervix; moreover, there are also numerous little openings through which probably the utirular glands have discharged their product. Beside this larger tumor there was found numerous small globular-shaped substances, in appearance resembling a horse-chestnut both in size and color—perhaps a dozen or more, each completely enveloped in a gauzy, but tough membrane. The largest, which occupied the cavity of the uterus, was too tenacious and tough to be pulled to pieces with the fingers, and required a scalpel to divide it. These altogether taken and expelled from the uterus and vagina (for some of them had to be removed by force), would fill a quart bowl, probably much more. The expulsion of these entire, occupied two or three days, attended constantly with considerable hemorrhage, after which the bleeding ceased, and the lady recovered as rapidly as in case of confinement; and is now at this present writing, comfortably well, and attending to the ordinary duties of her household, having passed several periods of menstruation with the ordinary phenomena.

This I regard as a typical case of *Membranous Dysmenorrhœa.* A number of cases have come under my observation, some of which were my own patients, and one a patient of Dr. ———, of Oswego, which terminated in cancer of the womb and death. Others are still living; though one is still suffering, another seems to be cured. The one whose case introduces this article is still under treatment.

Dr. Ludlum says of this affection, that "it is of very rare occurrence, but when it does exist, it is very apt to have continued for some years before being recognized;" and this has been my observation in all of the cases I have seen except the last, and I judge that the patient may have been misled in regard to her previous symptoms. In very rare exceptional cases it occurs in young girls, but is seldom found only in married women. In the majority of instances it begins soon after marriage, when it is attended by so slight symptoms as to cause little or no apprehension. It is frequently regarded as the sequence of an early miscarriage. Dewees and some others have supposed it was dependent on a rheumatic diathesis; some authors insist that the membranous formation, which is the chief characteristic, is always the product of conception. But this cannot be true, for it may occur in the virgin, and also in those who have for many months abstained from sexual intercourse. Others, still, hold that the membranous product results from uterine inflammation. Oldham and Tilt refer the exfoliation of the membrane to the morbid influence exerted on the lining membrane of the womb, by disease of one or both of the ovaries. It perhaps may refer its origin to the repelling of a cutaneous eruption, with the reappearance of which its symptoms seem to alternate. And just here it might be added, that in a patient where this has occurred, in all probability the same phenomena will occur again, and usually at each recurring menstrual period. Scanzoni, in his excellent work on gynecology says: "a minute examination of these membranes, which we have made at various times in concert with Dr. Kolliker, has convinced us that they were nothing else than the hypertrophial mucus membranes peeled off from the internal surface of the uterus. This is proved incontrovertibly by the fact, that we have always found in it numerous rudiments of the utirular glands." "The size of these membranes," says this author, "is often very variable in the same woman; sometimes they do not exceed the size of a five cent piece, while at the subsequent menstruation they may present the extent of two or three square inches." He says further: "The detachment of the hypertrophied membrane takes place either in consequence of the accumulation of liquid exuded between it and the uterine walls, or mechanically by the contraction of the uterine tissue which preceeds the menstrual hemorrhage."

Let me add further, that I remember but one single case where a woman affected with membranous dysmenorrhœa, presented no appreciable alteration of the womb. In all the other cases, either the uterine walls were the seat of chronic engorgement, or else there existed a flexion, fibroids or polypi.

In regard to the treatment of this affection: prompt attention should be given to the hemorrhage, and the cause of it. First remove, if possible the shreds of membrane, and the membrane itself, and thus the bleeding will usually cease spontaneously; and until that is accomplished, efforts should be made to control the hemorrhage, for it is sometimes fearful, and always profuse. I have sometimes used the tampon, but not with much satisfaction, because it requires to be removed so soon, in order to allow the expulsion of the membranes. I have found good results from the use of *hamamelis*, of *sulph. acid*, *nitric acid;* also, if the hemorrhage is profuse, and jeopardizes the life of the patient after the main mass is expelled, five drops of the *sesquichloride of iron* in two tablespoonsful of water may be injected into the cavity of the uterus by means of the uterine syringe. This will pretty certainly arrest the hemorrhage, and produce no harm. The subsequent treatment will suggest itself by the group of symptoms presented.

The prognosis should be exceedingly guarded, as from the nature of the case there is a tendency to abnormal growths of the uterus, which, although they may be expelled periodically and without fatal results, yet their frequent presence and often rapid growth, will undermine the constitution and terminate in death. Ladies affected with this difficulty are almost invariably barren after the first appearance of the membranous formation, though previously they may have borne children.

LANSINGBURGH, N. Y., February, 1874.

WEIGHT OF THE BRAIN.—The brain of Cuvier weighed 64.5 ounces; that of Dr. Abercrombie, 63 ounces; Daniel Webster's, 53.5 ounces. The average male brain weight in Europeans is stated at 49.5 ounces, and that of the female 44 ounces. The brains of idiots have been found ranging in weight from 8.5 ounces to 27 ounces; and according to Dr. Thurman, those of insane persons are 2.5 below the average of the sane.—*Baine's "Mind and Body."*

INOFFENSIVE SPONGE TENTS.—Dr. Lawson Tait recommends the use of a five per cent. oil of cloves in the preparation of sponge tents, as a means of rendering them inoffensive and obviating the danger of septic peritonitis from their use. He finds a tent thus prepared perfectly free from the usual disagreeable odor after remaining twenty-four hours in the uterus.

CHLORAL IN ULCERATING BUBOES.—Prof. Gambinri has used a solution of hydrate of chloral, ten parts in one hundred of water, as an application to soft chancres and ulcerating buboes, with decided success.

AMENORRHŒA, WITH NEURALGIC HEADACHES.

BY DR. EMMA SCOTT.

Mrs. ——, aet. 39; has had three children and no miscarriages; over seven years since last pregnancy. Five years ago the menses were suppressed four months. She considered herself pregnant, as she had all the rational signs of that condition. At the end of that time, without any known cause, she was suddenly seized with cramps in the stomach and abdomen, followed by a collapsed condition, with the most exquisite tenderness of the abdominal region. This was relieved, after a fortnight, by a discharge of thick, dark blood from the bladder, lasting three days, succeeded by a sanguinolent discharge from the uterus of a few hours' duration. Her headaches dated from that time, coming on at the menstrual period.

Came under my treatment May 1, 1872; menses retarded; flow scanty, dark and offensive; considerable amount of pain during the flow; nausea; chilly feeling all over; the headache comes on a day or two before the menses make their appearances; the pain is sharp and darting, and seems like red-hot needles extending over the left temporal region; also over and in the left eye; the upper lid is almost closed during the paroxysm of pain; pain and bruised sensation extending from the nape of the neck down the whole length of the spine and into the shoulder; has no appetite, even the smell of food is repugnant to her, with a particular aversion to tea at that time; she is obliged to eat, otherwise the pain in the head is very much increased; her hair has become gray, and after one of these attacks, it seems almost white; no matter at what time the pain commences, it invariably lasts for twenty-four hours; the pain becomes so excruciating that she can neither sit nor lie still, and the least noise is unendurable; disposition very irritable; unfitness of body or mind to do anything; is willing to die; feels as if her sphere of usefulness was over—even to her children; inability to conduct all of the household affairs conjointly; dreads each attack of headache more and more, with less will force to combat it; the loss of an only boy aggravated the severity of the attacks. At intervals of a month or two would wake out of a sound sleep (*after* midnight) by a severe lancinating pain, shooting up the rectum, causing a prolapse of the bowel. The pain was so severe she could not remain in bed; relieved by immersing the parts in *warm water* and *ammonia*. Found on digital examination, uterus slightly prolapsed, causing a bearing down sensation in the abdomen; pain in ovaries on motion and in walking; sensitive on pressure; speculum revealed slight ulceration of os uteri; coitus was at times unbearable to both herself and husband, from the swollen condition of the parts and intense heat

of the vagina. Gave *arsenicum album*, 200th, to be taken on retiring.

May 28th.—Has had more or less headache ever since taking the medicine, but the usual headache did not come on until the catamenia commenced. During the intermenstrual period the abdomen felt sore and bruised, and severe neura'gic pains extended from around the brim of the pelvis down into the groins. At the end of the third week could not fasten her clothes around her waist, from the bloated condition of the abdomen. The menses came on (to use her own words) "like a nose-bleed,"—bright in color, and with no odor. Experienced no nausea or chilliness, and the abdominal bruised feeling all disappeared. Hearing bad news aggravated the existing headache.

June 22d.—The menses came on a week earlier than usual; not so much pain in head; the flow natural. At each menstrual period up to the present time the headaches have grown less and less, and the flow is increasing. Can now do any amount of work; walk several miles a day, and equal to the emergencies of life, although during the time she had lost her husband and met with severe pecuniary reverses. The prolapsed womb was replaced; the ulceration disappeared very soon after commencing treatment; has never had any recurrence of the pain in the rectum; occasionally suffered with a pain in the side of the head, as if a nail was being driven in, coming on when she is very much annoyed by her affairs, or when her grief seems uncontrolable. *Ignatia*, 200th, always affords prompt relief. While under treatment an herpetic eruption broke out around the umbilicus and across the stomach, which itched and burned like fire—*not* relieved by scratching. Canker sores came out in the mouth, which she had been subject to constantly when a child. There was also an aphthous condition of the vulva, cured by a few doses of *mercurius sol.*, 300. An excessive and excruciating leucorrhœa came on from undue exercise, cured entirely by *cinchona*, 200th. After the first three weeks the *arsenicum*, 300th, was given three times a week for two or three months; since then she takes a few pellets once a week, or once in two or three weeks.

THE drug business in Germany is well governed. There is a central organization with nineteen districts, and each has a director. Each district has five circles with a sub-director. Each circle consists of about fifty members, with a circle president, who watches over the members. No chance for irregularity.

ALCOHOL FISH.—In the Jardin d'Acclimation (Paris) is a medusa (polypus) that emits *Alcohol*, which, in contact with the nitrogenous matter in the aquarium, soon becomes acidulous (vinegar).

NOTES FROM PRACTICE.

BY EGBERT GUERNSEY, M. D.

A lady, about thirty years of age, found, after a long confinement to her bed from an unusually severe attack of cerebro-spinal menengitis, that the muscles of the right limb had wasted to less than one-half their natural size. The limb lacked its natural warmth, and though it was by no means paralyzed, for it could be moved with tolerable freedom, still, owing to its great weakness, her step in walking was uncertain and tottering. Friction with the hand failed to produce the desired effect, and the action of the battery was exceedingly disagreeable to her. In the administration of drugs I was obliged to be very cautious, owing to the extreme sensitiveness of the cerebro-spinal axis from the recent disease. Electricity in some form seemed to be highly indicated—not so much an occasional application, but in a continued form, keeping up the nerve stimuli, and thereby causing an increased and steady flow of blood to the wasting muscles. The ordinary galvanic plate produced sores upon the leg by the oxidation of the copper plate, and failed to produce all the benefit I desired. I then had a piece of wash leather, perhaps six inches long by four broad, prepared by soaking it in elastic collodion, to make it firm and yet sufficiently flexible. Thin platina and zinc discs, about the size of a gold dollar, the little wire from each passed through the leather and twisted together on the back, so that the metal surfaces were perhaps half an inch apart, formed the miniture battery. These discs were arranged in rows, first a zinc plate then a platina, and so on to the end, the pans being united by twisting together the little wires at the back. Platina was chosen in the place of copper, because of its freedom from corroding, and because it was believed this combination would form a more delicate and effective battery than any other. The result even exceeded my anticipation. The plate bound on the leg and moved as it seemed necessary, soon produced the most marked change in the warmth of the limb and the nutrition of the muscles. In a month's time the limb regained its usual strength and the muscles their normal size. I do not think this result could have been accomplished as speedily in any other way as by the continued local application of this delicate nerve stimulant. Any physician, with even a small amount of mechanical skill, can easily arrange a plate of this kind, and he will find, simple as it is, it may be like the sharp teeth of the mouse in freeing the lion from his toils.

A severe case of gastralgia had long baffled the skill of physicians of eminence in both schools. The pain would come on in violent paroxysms, often without any apparent cause, and last until the patient was utterly exhausted. Drugs had

been selected with the utmost care, but all failed to produce relief, except the hypodermic injection of *morphine*. In desperation, I ordered one of these plates to be placed over the stomach, and the pain soon disappeared, never to return. I have since used it in several other cases of chronic gastralgia with like benefit.

I have long been in the habit of recommending to my patients habitually suffering from cold feet the galvanic sole. It is made so thin that it can be placed in the shoe or boot without inconvenience, and as I have had occasion to know in very many cases, with great comfort and benefit. The feet become warm, and the nervous headaches, so common in these people, rapidly disappear. The chilblains also, to which these people are so liable, are speedily relieved. A case of varicose ulceration of long standing was speedily cured by a plate, prepared like the one just mentioned in this article, being placed around the leg, over the diseased surface.

We are glad that so much attention is being directed to *electro therapeutics*. No physician's office is now deemed complete without a constant and a Faradic current battery; and perhaps no drug in his repertory will be used as often as one or the other of these currents, or with such brilliant success. Under the influence of this subtle agent the deaf are made to hear, the blind to see, the lame to walk. We are at the very commencement of our investigations in this important department of therapeutics, and are obliged to walk with careful footsteps. If it is an agent for good, it is also one which, in unskilful hands, can be, and often is, productive of vast injury. Like every other curative agent, it should be studied in the light of scientific investigation, and used only when indicated, and then with the utmost care.

TWO WOMEN WITH ONE UTERUS.—Dr. W. Pancoast, at the meeting of the Pennsylvania Medical Society, described a case of two women joined together at the pelvis, and having but a single womb. They were negresses, 22 years of age, born of slave parents, in North Carolina. The band of union is twenty-seven inches in circumference. There is some community of sensation in the legs, indicating a union of the lower portion of the spinal cord.

NORMAN PORTER, of California, has planted thirty acres of almond trees in San Jose Valley, in that State. He reports the trees in excellent condition, with good prospects of arriving at early maturity.

DR. SCHLIEMAN, the antiquarian, asserts that he has discovered and unearthed the site of ancient Troy.

HYDROPHOBIA.

Dr. Buisson, a distinguished physician of Paris, being called to assist a subject of hydrophobia who approached the final crisis of the disease, bled her and wiped his hand on a handkerchief wet with the saliva of the dying woman. On the first finger of the left hand he had a small contusion where the skin was broken. He was immediately cognizant of his thoughtlessness; but trusting to the process which he had recently discovered, he contented himself with washing himself with water. Believing that the disease did not make its appearance until the fortieth day, and having many patients to visit, he put off taking his remedy from day to day—that is, the steam baths. On the ninth day, as he was in his chamber, he felt all at once a pain in his throat, and still a greater one in his eyes. His body felt so light that he thought if he were to jump he would be able to throw himself to a prodigious height, or that by holding on to a window frame he could sustain himself in the air. His hair was so sensitive that it seemed to him that he could count every one of them without seeing them; his mouth watered constantly; the impression caused by contact with the air made him feel horribly, and he avoided all brilliant bodies. He had a constant desire to run and bite, not men, but animals, and all that which surrounded him. It hurt him to drink, and the sight of water tired him more than the pain in his throat. He believes that a patient of hydrophobia can always drink by closing the eyes. The fits came every five minutes, and he felt the pain start from the first finger and run along the nerves to the shoulder. Thinking that his means were only a preventive and not a curative one, he took a steam bath, not with the intention of healing himself, but to suffocate himself. When the bath reached the heat of 57 degrees centigrade, all the symptoms disappeared as if by magic. Afterward, he never felt anything more. He has attended more than eighty persons bitten by mad dogs. All have been saved by this method.

When a person has been bitten by a mad dog he must be made to take seven steam baths, one each day, Russian, for instance, of 57 to 63 degrees. This is the preservative remedy. When the disease makes its appearance only one steam bath is necessary, raising the temperature hastily to 57 degrees centigrade, and afterward slowly to 63 degrees. The patient should be well confined to his room until completely cured.

THE Boston Society of Medical Sciences has petitioned the Mayor and Aldermen of that city to suppress those disgusting exhibitions called anatomical museums, as in the opinion of the society, they are prejudicial to public morality and decency.

The Medical Union.

A MONTHLY JOURNAL

Of Medicine, Surgery, and the Collateral Sciences.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

HOSPITALS AND DISPENSARIES.

There is no disputing the fact that these institutions are the nurseries of a practical medical education. However clear and comprehensive our text-books, however able the lecturers in our colleges, it is after all those practical lessons gained by actual contact with disease, which strongly and clearly impress the truths of our profession upon our minds. That school will be the most successful which can best illustrate the various diseases of the human system by clinical teaching, and that student goes best prepared to the field of his labor who has had the largest amount of practical, intelligent, clinical instruction.

The great advantages which large cities have over smaller ones as places of instruction, is chiefly in the immense number and variety of cases which can be brought to illustrate every phase and variety of disease. The student not only sees the disease itself, and watches its progress through its different stages, but witnesses the results of well-selected remedies in checking its progress and bringing about a cure. His ear, his eye, his touch, all become carefully trained in detecting the varieties of the disease, the shades of difference, and the successive signs which point upward to recovery, or downward to death. He not only learns how to make a careful and correct diagnosis, how to detect the approach of danger, but also how to select and apply the appropriate remedy. Clinical teaching thus goes hand in hand with didactic, one enforcing and illustrating the other. What description, however clear, could give as complete a picture of the throat and larynx as that presented by the laryngoscope; of the diseases of the eye and brain, as that presented by the ophthalmoscope; or what lecturers or text-books by their words could impress upon the mind as intelligibly the condition of the organs within the chest, as the ear which had been trained and disciplined to detect every variety and shade of sound and pathological changes they indicate, by careful auscultation and percussion !

Hospitals and dispensaries are absolutely essential to the proper instruction of students. The lecture-rooms of our colleges may be filled with the ablest men in the profession. The lectures may be models of clearness and varied information. All this is well, but the student needs something more; he needs clinical instruction, and he will go where he can get it the best, even if the didactic lectures are not quite so able.

In this one particular the allopathic school has the advantage of ours. Their long established hospitals and dispensaries, with their immense resources, can be, and are utilized for clinical instructions. Scarcely an operation which the surgeon will ever be required to perform, but what he sees carefully and skilfully done, either in the lecture-room of the college, or the theatre of the hospital; and scarcely a disease he will ever be called to treat that he does not have the opportunity of seeing, either in the wards of the hospital, or brought from the various dispensaries. To the credit of this school it may be said, that their hospitals and dispensaries never want for the best medical and surgical skill in the profession. Men of known ability, of acknowledged position, and of large private practice, do not deem it beneath their dignity to give an hour from time to time to the poor in the various dispensaries. In this way, there is never a lack in the dispensaries and hospitals, of the best skill in the profession. All this may not be from disinterested motives, but partly from that wise forethought which thus enables them to bring to their patients a riper skill and more mature thought. We wish we could point in our own school to the same wise forethought, the same flocking of physicians to dispensaries, and the same willingness to assume the responsibilities and cares of hospital practice. This is not the case; and hospitals which here in New York we should have in our midst, vieing in strength and prosperity with any in the

city, we find, with one or two exceptions, still almost in embryo, having advanced scarcely a step beyond conception; and resources and energies which should be concentrated, wasted and scattered because some one or more individuals will not consent to any move which will not hoist them upon the topmost wave, and contribute to their personal aggrandizement. When will the school see the absolute necessity of united, earnest, unselfish work, if we would insure success? When will individuals look beyond themselves to the advancement of those great truths which we deem such a boon to suffering humanity?

In our dispensaries, matters if possible are still worse. It is extremely difficult to get sufficient medical help of any kind to fill satisfactorily the different hours, notwithstanding there is so great a need of clinical instruction for our students, which could be had in abundance only for the asking. In the Western Homœopathic Dispensary, for instance, the largest with but a single exception, if not the largest, in our school in the world, well appointed with instruments and all the appliances for a careful investigation and treatment of disease, the slender staff of physicians are overworked, and scores of patients leave because they cannot receive attention. In this great city there are not sufficient physicians volunteering to do the necessary work.

In a neighboring city, a physician who had so distinguished himself by his careful and judicious management of hospitals and dispensaries, that other hospitals applied to him to take the management of theirs, and introduce into them his school of practice, found the resources of his immediate friends so taxed with the institutions already under their care, that he was constrained to invite those who had stood aloof from him in his efforts, to take hold of them. The cool reply to the invitation which would have placed two of the finest hospitals in the city under their care, was: "What will it pay?" What will it pay! Oh, the heart grows sick of this eternal greed, of this contemptible selfishness which is ever willing to sacrifice public good to self.

In the building up and endowment of hospitals and dispensaries, we not only touch the popular heart, and reach our hands out, bearing help and blessings to the suffering and needy, but we receive back in our own hearts a rich reward in the triumph of truth, and in the weapons forged and brightened in the great armory of experience for the more successful combat with disease.

THE STATE BOARD OF HEALTH.

We perceive that a bill has been introduced into the Legislature to create a State Board of Health for the protection of life and health, and to prevent the spread of diseases in the State. By its provisions the Governor is required to appoint four physicians from the several judicial districts of the State, who shall constitute a sanitary commission; and they, together with the Attorney General of the State, the State Engineer, and the Comptroller, shall constitute a Board of Health to be called "The Board of Health of the State of New York." The powers of this board are large. It is required to keep a general watch over the health of the State; to investigate the causes and sources of diseases. All hospitals and dispensaries are obliged to report to it, and to it also is entrusted a general supervision of the State system of registering marriages, births and deaths.

It is very easy to see that if a board like this were rightly constituted, composed of men of the enlarged views which are always found in men of true science, its influence for good would be immense. It would form a depository of facts in reference to sanitary science, of general and local causes of disease, and would be enabled to impart information which might arrest the progress of epidemics, protect the lives of the people from wasting disease, and add to the general health of the community.

If the board, however, is composed of men, nominally men of science, but really possessed of the illogical and illiberal spirit which we so often see in the medical profession, real science and the public good would become subservient to individual views and dislikes, and that clannish, narrow-minded feeling which can see no good except it flows in certain channels. As for instance, the unjust and illiberal spirit which the majority of the Allopathic school have shown, and still show, towards those differing somewhat in medical practice from themselves, but equally honest, equally, and as they claim even more successful in their combat with disease. Educated, many of them, at their own schools, with a standing in the scientific and literary world at least their equal, and with a clientage numbering more than its proportion of culture and refinement, they are denied in all cases where this school is in power any chance in hospitals and sanitary appointments, and refused recognition as physicians.

In Bellevue Hospital Medical College, quite recently, a student was refused admission to examination because he came from the office of a Homœopath, notwithstanding the preceptor had been a graduate of that school, had served with distinction in the army, and was at the time occupying a high position as a gentleman, and more than usual successful practitioner. He was a Homœopath, and was informed in a curt letter from the Secretary of the Faculty, Dr. Flint, that no student coming from the office of a Homœopath would be admitted to examination. He must come from the office of some *regular* physician, and Homœopaths were not looked upon as regular by this distinguished body of *Christian gentlemen* and scientists. Not long since, Dr. A. K. Gardner, of this city, for many years a professor in one of the leading Allopathic colleges in New York, of high literary, scientific, and social position, and admitted by all as one of the ablest gynecologists in the United States, was suspended from membership in the Academy of Medicine—for what? for immoral conduct—for unskilful treatment of his patients? No, neither of these. His skill and careful attention to his patients were unquestioned, and his good name above reproach. He had dared to meet in consultation—*oh, most horrible!*—on equal terms, an old classmate and friend; and for this, the vials of Allopathic wrath were poured upon his head; for this, the scientific men and Christian gentlemen of the Academy of Medicine sat in judgment upon him and fulminated their thunder. "Simply this and nothing more." Similar illustrations of Allopathic bigotry and intolerance might be repeated to almost any extent, but this is sufficient to show the animus of the controling members of the school, and the justice which Homœopathic hospitals and dispensaries would receive when subjected to their control. If we are to judge of the future by the past, no physician would receive an appointment under a board controlled by them unless he could repeat the shibboleth of their school. The great schools of medicine, instead of standing firmly together in kindly fellowship, upon the broad platform of scientific attainment, all working zealously and earnestly in harmony and good fellowship, notwithstanding minor differences, for the public good and the advancement of truth, are kept wide apart, to the detriment of the people, by a narrow-minded sectarian spirit—a disgrace even to the dark ages.

We have no special objections to the provisions of this bill, provided the board be fairly constituted. The requirement that the physicians constituting the commission shall be "regular graduates of medicine," we do not consider an objection; for all schools chartered by the State are looked upon by the State and in all courts of law as regular, and entitled to the most ample protection. The assumption of the Allopathic school, that only its own members can be considered regular, is a specimen of gratuitous impertinence quite worthy of the bluff game they have so long been playing, and which, when brought to the test, would secure no consideration from the constituted authorities of the State and nation. We are willing and anxious to bury the hatchet, and meet these gentlemen side by side in hospitals and dispensaries, without favor, and abide the issue. Dare they meet us? Dare they place their own system side by side with ours in the great charities of the State, or will they continue to entrench themselves behind the walls of *regular*, shouting from their ramparts the old cry of "sectarian," which is false as applied to us, and has ceased to frighten.

All we ask of the Governor, in constituting this board, is for that fairness and impartiality which has characterized all his official acts, and which we are confident he will show in this matter. We look to him to protect the rights of the whole people, and see to it that what might be a great instrument for good, shall not be perverted into a weapon of persecution and wrong; and we know we shall not look in vain.

A NATIONAL BOARD OF HEALTH.

The Congressional House Committee on Commerce, January 28th, authorized the chairman to report the bill to prevent the importation of contagious and infectious diseases into the United States.

It provides that the Surgeon General of the Army and Navy, and the Supervising Surgeon of Marine Hospitals, shall constitute a board of health, with power to establish and enforce such rules and regulations as are necessary to prevent the importation of contagious diseases, and that the regulations, when approved by the President, shall have the force of law. It does not allow any interference with State or municipal regulations.

THE Prince Imperial of France attained his majority (18 years) on the 16th ult.

EXAMINATIONS BY THE STATE BOARD.

At a late meeting of the State Board of Examiners it was decided to hold the regular stated examinations semi-annually, in June and January. The sessions will be held in this city, and candidates who have made application to the Chancellor of the University (Hon. J. V. L. Pruyn, of Albany), in accordance with the law, will be duly notified of the place where the examination will be held.

Extraordinary sessions, for the purpose of examination, may be held under orders from the Chancellor at any time he may deem proper.

We are gratified to be able to announce the appointment of Dr. Carroll Dunham to an Examinership, and his acceptance of the same.

Dr. S. A. Jones has resigned his position upon the Board, to take the editorship of the *New York Journal of Homœopathy.*

As many inquiries from students and practitioners have been made to us, concerning the method to be pursued in order to obtain the privilege of an examination before this Board, we quote the fifth section of the act:

§ 5. Any person over twenty-one years of age, of good moral eharacter, and paying not less than thirty-five dollars into the treasury of the University, and on applying to the Chaneellor for the aforesaid examination, shall receive an order to that effeet, addressed to one of the boards of examiners, provided he shall adduee proofs satisfaetory to the Chaneellor that he or she has a eompetent knowledge of all the branches of learning taught in the eommon schools of this State, and of the Latin language, and that he has diligently studied medicine not less than three years, under the direction of one or more physicians duly qualified to praetiee medieine, or has himself been lieensed, on examination, by some medieal soeiety or college legally empowered to issue licenses or degrees in medicine.

We also call attention to the series of prizes established by Dr. John F. Gray, which are now open for competition:

First—The sum of $50 to be given to the first candidate who suecessfully passes his examination before the State Board of Medieal Examiners.

Second—The sum of $50 to be given yearly, *in perpetuo*, to that eandidate who attains the highest degree of merit.

Third—The sum of $50 eaeh year to that eandidate who shall have edueated himself solely by his own efforts, without having reeeived any peeuniary aid.

F urth—The sum of $50 to any candidate from any eollege in the State of New York, who shall have been examined by the faculty of that eollege by papers derived from the Regents of the University upon the eonditions prescribed by them.

Fifth—The sum of $50 to any eandidate who shall have aequired, during his pupilage, a thorough knowledge of the German language.

We hope soon to be able to announce the publication of a manual for the reference of those who wish to know all the particulars concerning this examination.

In the meantime, those who contemplate an early appearance as candidates for the degree, and desire further information with regard to it, may communicate with Dr. John F. Gray, Chairman of the Board, at the Fifth Avenue Hotel, or with any member of the Board of Examiners.

GRANULATIONS OF TEN YEARS' STANDING, COMPLICATED WITH VIOLENT BLEPHAROSPASM, CURED BY CANTHOTOMY.

Dr. Martinache, of San Francisco, says in the *Western Lancet*, on the 14th of August, 1873: A gentleman nineteen years of age came to consult me about his eyes. The tears were flowing freely, and when I say this, I must insist a little on this phenomena, because I never before saw such an abundant lachrymation. Owing to the fact that the secretion of the glands was constantly washed off, the lashes were always wet through, like a camel-hair brush dipped in water. The lids and lashes had a natural position, but the eyes were almost entirely closed; on being asked to open them, the patient positively said that he could not face any light, either daylight or gaslight, and that whenever he tried to do it he experienced terrible pains in the eye-balls, as if thousands of needles were pricked into them. This I first accepted as an exaggerated account, due to the nervousness of the patient; but when, having him turned toward the window, I tried to open his eyes, I found that the simple touch of the finger caused an energetic contraction of the orbicularis, accompanied with a violent pain in the eye-ball. I had to repeat my attempts a number of times before I could catch a glance of the cornea and of the internal surface of the lids.

With the symptoms previously described, I expected to find the cornea deeply ulcerated, but it was not; and a pannus of the upper part of each cornea was the principal lesion noticeable. This pannus was inconsiderable, and may be termed pannus tenuis. Several of the largest vessels reached the centre of the cornea; the epithelium was exulcerated in different places; the cornea hazy, but there was not anywhere what might be termed an ulcer of the cornea.

The internal surface of the upper lids presented some granulations scattered here and there; they were so few in number that at different times I never could count more than ten to fifteen on each side. They were small, the largest of them not exceeding the size of a small pin's head; they were not very superficial, I would say, under the epithelium; there were no granulations on the lower lids, and the inferior part of the cornea was sound. One particularity which deserves special notice is this: the upper lids were but very slightly hypertrophied, and when it is remembered that the disease was of ten years' standing, it will undoubtedly look surprising, but it is in perfect concordance with the slight granular condition of the conjunctiva previously described.

When I had finished my examination, I was fully convinced that the source of all the trouble was in the spasmodic contraction of the orbicularis, and that the granulations and pannus of the cornea would disappear very rapidly as soon

as the contractions were stopped. The best reason I had in favor of what I thought was, that the material lesions of the conjunctiva or cornea were really trifling as compared with the photophia lachrymation and the dreadful pains in the eye-balls. The patient informed me that the last treatment he had experienced, which consisted in almost daily applications of strong solutions of nitrate of silver, and sometimes of caustic itself, had very much increased his sufferings.

During ten years the treatment was directed against the granulations only; the spasmodic contractions were overlooked as a complication which would cease by itself when the granulations were cured.

As an answer to what my opinion was, I said: "This is a curable case, and I hope that the treatment will not exceed one month or six weeks." The patient's father could not help expressing his doubt, because he had been promised and deceived for so many years; though after explaining how and why the treatment would be different from what it was before, he consented to the operation I intended to perform.

On the 15th of August, the patient being placed under the influence of chloroform, I made, at the external canthus of the eye, an incision of a little more than three lines in length, and comprising the whole thickness of the external commissure, the skin, the orbicularis muscle and the conjunctiva. I then placed three sutures, one at the extremity, and one on the middle of each edge of the incision, to unite the skin and the mucous membrane. Six hours after the operation, I saw the patient, who was highly pleased with the immediate result; he could move his eyes without feeling any pain, and the lachrymation had ceased.

August 16*th.*—The patient can bear some light.

August 17*th.*—On the morning I took the sutures out, and the window-blind being open, the patient was invited to look at it. The thought of the light was dreadful to him, and placing his hands over his eyes, he at first looked between his fingers, and finally removed the hand and faced the window. The surprise of the patient is not to be described, but will be understood when it is remembered that for ten years he had not been able to take a good look at anything; and if I add that he considered the result as a miracle, one will have an idea of his satisfaction.

August 18*th.*—At my morning's visit I did not find the patient, who told me in the afternoon that he had been all around the city looking at everything, and the light did not hurt him at all, though he did not wear any spectacles.

August 20*th.*—The lashes are now perfectly dry, and the patient goes out every day without any discomfort.

August 25*th.*—Commenced to treat the granulations two or three times a week.

September 8*th.*—The patient is improving rapidly, and expresses his satisfaction to everybody; the pannus of the cornea is visibly diminishing.

September 15*th.*—One large vessel in the right eye, which reaches the centre of the cornea, is touched on the conjunctiva, at two millimeters from the edge of the cornea, with actual cautery.

September 20*th.*—The vessel is now like a thin thread, and at the end of September the patient is entirely cured. The sight is now gaining every day, and will continue to improve for some time.

This observation shows, in the most striking manner, how important it is in practice to seize the right indication; for no sooner is it fulfilled, than an improvement, and subsequently a cure, is accomplished. I wonder how it escaped the attention of all the physicians who were consulted.

The incision by which the external commissure was divided had not a horizontal direction, but was slightly curved, so as to prolong the curvature of the edge of the inferior lid; a very important point in this little operation being to preserve the natural declivity of the oculo-palpebral canal, by which the stream of tears is conducted to the lachrymal points. If the incision is made horizontally, as it is recommended, the tears fall out directly on the skin; the blepharospasm is cured, but at the expense of a serious deformity, which it is so easy to avoid by means of a curved incision.

It will naturally be asked, I suppose, what was the apparent result of an incision more than three lines long, at a cosmetic point of view. Immediately after the operation the palpebral opening was much enlarged, but in the course of three weeks, the cicatricial retraction had reduced it visibly, and when the patient left me, the palpebral opening was of the ordinary size.

MRS. WORTH, of Westfield, Mass., has sneezed her face awry. It happened at a party, and she vainly tried to repress it, thinking that sneezing was unladylike. But it broke out in spite of her, and at once she felt a queer sensation in one cheek. That side of her face swelled rapidly, drawing up the corner of her mouth and completely closing her eye. The physicians say that the trouble is a kind of paralysis, caused by her effort to avoid sneezing, and that her face is permanently disfigured.

ST. PATRICK'S DAY was duly celebrated in this city on the 17th ult., by about three miles of his admirers. The weather was abominable, of course.

THE Chicago provision trade have appointed a committee to investigate charges of some of its members shipping sour meal to Eastern customers.

Reviews of Books.

THE PUERPERAL DISEASES. CLINICAL LECTURES DELIVERED AT BELLEVUE HOSPITAL, by Fordyce Barker, M. D. New York: D. Appleton & Co., 1874.

The long-awaited book upon puerperal diseases, by Prof. Barker, has at last appeared. Although it was so long expected, it is none the less welcome, as the vast experience of a faithful and candid observer, like our able and pains-taking author, lends great interest to all of his writings. Prof. Barker has given lectures at Bellevue Hospital upon midwifery, the puerperal, and the other diseases of women, for nearly twenty years; and, as he says, having had rather exceptional opportunities for the study of these diseases, he has felt it to be an imperative duty to utilize, so far as lay in his power, the advantages which he has enjoyed for the promotion of science, and he trusts, for the interests of humanity.

The book is devoted exclusively to the consideration of puerperal diseases, and is substantially made up from phonographic reports of his lectures. Extracts of these have recently frequently appeared in our medical journals.

It is an eminently practical work, and occupying a ground which is as yet uncovered by any work that has appeared in the English language, it will undoubtedly attain an extensive sale.

Chapter I is a lecture upon puerperal convalescence, and gives practical hints in regard to the retention of urine, and the treatment of secondary hemorrhage.

Chapter II treats of the diet of puerperal women, and deserves more than the passing notice of a book review. The author dissents from the theory that puerperal women should be restricted to antiphlogistic diet, which has almost exclusively governed the profession, and been inculcated by most of the obstetric authorities from Celsus down nearly to the present time. He advises that the puerperal woman should receive as much good, nutritious food as she has an appetite for and can easily assimilate; and pertinently remarks: "Is not the theory a strange one, that the metamorphosis of tissue, called involution, will be more easily and effectively accomplished, and that the new function of lactation will be more surely and perfectly established by depriving the system of its accustomed alimentation!"

In considering the treatment of hemorrhoids, the author, inadvertently perhaps, strongly advocates the application of the law of *similia*. "When hemorrhoids are developed during the later period of pregnancy," he says, "I know of no article which so clearly and positively counteracts the constipation or the diarrhœa, and stimulates and restores the tonicity of the hemorrhoidal veins, as aloes; and it would seem that their use would have been suggested by *a priori* reasoning, but I am not aware, from anything that I have read, that it ever has been." Gradually accumulating observation, continues the author, led him to learn the efficacy of aloes, and he has been accustomed for years to use them in the cure of hemorrhoids in pregnant women.

If our author's extended reading had embraced a little of our homœopathic literature, he would not perhaps have regarded the accidental stumbling upon a therapeutic truth which is well known to every homœopathic practitioner, as an important discovery or a valuable contribution to medical literature. Thus wonderful therapeutical discoveries are daily being made, which but reiterate the old truths long ago promulgated by Hahnemann!

In considering lacerations of the perinæum, anæsthetics are advised as agents of great value in preventing this accident. Reference is also made to incision of the perinæum as preventive of laceration; but advises the cut to be made in the lateral superior portion of the perinæum, instead of the lateral inferior part, as recommended by the Vienna school. A description is also given of Dr. Goodell's novel method of the management of the perinæum—which the author regards as an eminently sensible procedure.

The chapters upon puerperal albuminuria and puerperal convulsions give evidence of close and thoughtful work in their preparation. "Albuminuria," he says, "in the present state of science, is no longer believed to be a symptom of Bright's disease only. In fact, it is probable that in nineteen cases out of twenty of puerperal albuminuria, the structural lesions of the kidney, implied in the term Bright's disease, do not exist. In referring to the causes of its appearance, he alludes to the theory of renal hyperæmia, arising from the pressure of the gravid uterus, and thinks it does not satisfactorily explain all cases. The renal hyperæmia, he considers, may be also due to violent spasmodic contractions of the muscles of the abdomen which attend the convulsions, or it may arise from the effect of cold. He also mentions the theory advanced by Hervieux, in a recent work "On Puerperal Diseases," that it is mainly caused by what he calls "puerperal poison," and as analogous to the albuminuria which occurs from the scarlatinal poison.

In presenting the etiology of puerperal convulsions, he considers the generally accepted theory, that they are usually the result of uræmic intoxication, as unsatisfactory, and should be greatly modified. His observations have led him to draw the following conclusions:

1. There are many cases of puerperal convulsions, having all the characteristic phenomena which attend this fearful malady, in which there

have been no symptoms indicative of any lesion of the kidney.

2. In a large proportion of marked cases of albuminuria during pregnancy, convulsions do not occur.

3. In many cases where the most careful and repeated examinations of the urine have failed to detect albumen, and there has been no other signs of albuminuria, convulsions have occured, and afterward the urine has been found loaded with albumen. It seems, therefore, that there may be some reason for inquiring whether the association of albuminuria and puerperal convulsions necessarily proves the relation of cause and effect, or whether it may not be that the same profound impression on the nervous system, which in the pregnant or parturient woman, culminates in puerperal convulsions, may not also so modify the functions of the kidneys as to produce albuminuria." As corroborative of these views he alludes to the work of Rosenstein ("Die Pathologie und Therapie der Nieren Krankheiten"). It is probably very generally known through the recent works of German writers, that Rosenstein regards eclampsic convulsions as a phenomenon attending the alteration of the circulation within the brain, as under the influence of a process like parturition through the action of the entire muscular system, an enormous pressure is exerted upon the aortic circulation, which in the presence of a dilute serum, and acting upon the finest arterial vessels, occasions ædema and secondary anæmia of the brain, and thus may call forth convulsions. Reference is also made to a paper by Dr. J. Braxton Hicks, of London, devoted to the discussion of those cases in which the signs of albuminuria are not manifested before the eclampsic attacks, but are very evident afterward, and which advances the theory that either the convulsions are the cause of the nephritis, or that the nephritis and the convulsions are produced by the same cause, *e. g.* some detrimental ingrèdient circulating in the blood, irritating both the cerebro-spinal system and other organs at the same time; or, finally, that the highly congested state of the venous system, as is produced by the spasm of the glottis in eclampsia, is able to produce the kidney complication."

The recent discovery of Frankinhaueser, of Jena, that there exists a direct connection between the nerves of the uterus and the renal ganglia, is alluded to; also the reasons given which tend to prove that puerperal convulsions take their starting point from the nervous system, and not from the vascular system as a result of pressure.

The author does not, like many writers, divide puerperal convulsions into different classes. Formerly he was accustomed to divide them into two classes—the uræmic and the hysterical; but is now convinced that any such division rests upon no clinical basis. In the chapter upon milk fever, sound advice is given as to the prophylactic measures for its prevention, and practical hints for the treatment of sore nipples.

Mastitis he divides into three varieties—the subcutaneous, the glandular, and the sub-glandular. The first and last, he considers, should be governed by the same principles of treatment as apply to other phlegmonous inflammations, and *belladonna* ointment should not be made use of, as it neither relieves the pain nor reduces the inflammation. In the glandular form, however, he deems its application of great value, as it alleviates the pain, relaxes the muscular fibres, thus allowing more free exit of the milk, and is believed to possess the property of arresting the lacteal secretion.

Puerperal mania receives a chapter's notice. The author properly considers the leading indication in treatment is to allay brain excitement, which he endeavors to do by the administration of plenty of good food, tonics, and the procuring of sleep by the use of the *chloral hydrate.*

An interesting dissertation upon the relaxation of the pelvic symphises, is given in the following chapter, which is very valuable; as customarily, little or no allusion is made by the leading authorities to this affection.

In the chapter on phlegmasia dolens, a cursory review is given of the opinions of the past, as to the nature of this disease. The author does not regard this affection as a phlebitis of the crural vein and its branches, excited by a puerperal toxæmia, which is the theory held by many of our most able and recent writers. He says that the number of well-marked cases of phlegmasia dolens that have been reported, in which death occured, and the veins were found to be perfectly healthy, is sufficient, in connection with the fact of the general absence of the symptoms of phlebitis, to prove that this disease is not crural phlebitis. Neither does he coincide with the views of Prof. Simpson and Dr. Mackenzie, that it is due to obstruction of the veins by coagulated blood, which is predisposed by a peculiar modification of the blood termed by Vogel *inopexia*, and has, as its exciting cause, the toxæmia. The theory of lymphatic thrombosis, advanced by Tilbury Fox, is discussed, but the author says this affection is, so far as known, always secondary, and usually connected with diseases which have no relation to phlegmasia dolens, and no proof of its truth has yet been furnished either by pathology or morbid anatomy. Although considering every theory which has so far been advanced to explain the real pathological nature of phlegmasia dolens as unsatisfactory, he adds none of his own, and considers that we are ignorant in regard to it, as we are of that of rheumatism and many other diseases.

Puerperal thrombosis and embolism are very cleverly handled, and numerous interesting cases are detailed to render the history of these affections more lucid.

Puerperal phlebitis, metritis, and peritonitis, pelvic peritonitis, and pelvic cellulitis, and puerperal septicæmia and pyæmia, receive elaborate mention in the next succeeding five chapters.

Puerperal fever receives extensive notice in the last two chapters, and as it is generally supposed that our author entertains peculiar views in regard to the etiology of this disease, it may be perhaps inexcusable in giving them a somewhat lengthy notice for a book review.

The author considers that the various theories held at the present day in regard to the nature of puerperal fever may be divided into four classes.

1. The theory of the localists, who believe that there occurs primarily an inflammation of some one or more of the organs or tissues connected with the process of parturition, and that the fever and the general symptoms are secondary to, and the consequence of these local inflammations. This was the theory embraced by the late Professor Meigs, Prof. Alonzo Clark, Dr. Robert Lee, and numerous Frenchmen.

2. The doctrine that puerperal fever is analogous to traumatic fever, and that the severer forms of it are due either to septicæmia or pyæmia. This view, long since advocated by Cruveilhier, and endorsed by the late Sir James Simpson, is at present advanced by D'Espine and a large majority of the most recent obstetrical writers of Germany.

3. That puerperal fever is primarily a blood disease, developed, like other zymotic diseases, by epidemic, endemic, and contagious causes; that in this disease a modification of the general organism occurs antecedent to the local lesions, and consequently, the local lesions are secondary; that is, they are the result of the disease, and not the cause—in short, that it is an essential fever. This theory is embraced by Tilbury Fox and McClintock, and is the one maintained by our author.

4. That all the zymotic diseases, such as typhus fever, scarlet fever, erysipelas, diphtheria, hospital gangrene, septicæmia, and all of the severe primary inflammations, when they occur in a puerperal woman, may be included under the term puerperal fever. This theory is supported by the majority of the most eminent obstetricians of Great Britain.

Allusion is also made to the theory of Prof. Martin, of Berlin, which is also entertained by some other of the late German writers, that the diphtheric process in the genitals of lying-in women, is the only essential element of puerperal fever.

These various theories are examined *seriatim*. He dissents from that of the *localists* for the following reasons:

1. That puerperal fever has no characteristic anatomical lesions.

2. These lesions are often not sufficient to influence the progress of the disease, or to explain the cause of death.

3. There may be inflammation, even to an intense degree, of any of the organs in which the principal lesions of puerperal fever are found, and yet the disease will lack some of the essential characteristics of puerperal fever.

4. The lesions of puerperal fever are essentially different from spontaneous or idiopathic inflammations of the tissues where these lesions are found.

5. Puerperal fever is often communicated from one person to another through the medium of a third party.

He cannot accept the doctrine of traumatism and septicæmia, as

1. The septicæmic theory is incompatible with the authentic facts which demonstrate that puerperal fever is contagious and infectious.

2. Puerperal fever differs from septicæmia in its origin, its mode of attack, and its symptoms.

3. That puerperal fever is not identical with septicæmia is demonstrated, also, by the difference in the influence of the two diseases on the infants of the mothers affected.

The view of Prof. Martin is only answered by mentioning the fact, that for thirty years diphtheria was an unknown disease in this country.

The fourth class he considers as really embraced under the third class, as the essential difference between them is more in the use of terms than in pathological opinions.

As mentioned above, the theory of the third class is the one advanced by Prof. Barker, and is the same as he advocated in the discussion before the New York Academy of Medicine, in 1857.

An appendix is added, with tables showing in what portions of this city puerperal fever was most prevalent in the recent epidemic.

The general description of symptoms of the various diseases is very well written, and the history of each rendered more complete by an abundant record of clinical cases.

The volume is printed in the customary elegant style characteristic of Appleton's scientific publications.

Causes of Decay in Teeth.—The great causes of decay in teeth are two—acids, and a fungus found abundantly in the mouth, the *septothrix buccolis*. This latter agent is characterized by certain microscopic appearances, and by its reaction with iodine and acids, which give a beautiful violet tinge. Under the microscope the fungus appears as a gray, finely granular mass or matrix, with filaments, delicate and stiff, which erect themselves so as to resemble an uneven turf. Soapy water seems to destroy the parasites. Hence, the mouth should daily be washed with a slightly alkaline solution.

Translations.

SURGICAL NOTES—BY JOHN C. MINOR, M. D.

The Creation of an Artificial Vagina, and the After Results of the Operation.

This case, reported by Prof. Dolbeau, is of great interest, as showing the final result of an operation which has been frequently performed, but of whose after history but little is known.

Prof. Dolbeau, in 1866, operated on a girl fifteen years old who was born without any vagina. The operation was to establish, or better, to create, a vaginal canal which should give free passage to the menstrual flow. The vulva and uterus were normally constituted—but for the fact of their separation owing to the absence of the vagina. Six years after the operation, the patient came to ask Prof. Dolbeau whether, if she married, she could conceive and give birth to a child. An examination revealed the following conditions: The vulva formed the normal entrance to a mucous canal, commencing three millimetres in front of the anus; this artificial canal, extending along the anterior wall of the rectum, is lined with numerous tissue, and moist with its secretion. The index and middle finger together can easily be inserted. On pressing the finger into the canal, it penetrates to the extent of about five centimetres in a supple, yielding cavity, and then comes in contact with the orifice of a fibrous canal situated at the upper part of the vagina. This canal permits the introduction of a uterine sound, which penetrated three or four centimetres. The rectal touch shows that the uterus is in its place, and distinguishes the neck through the rectal walls. The catamenia have occurred without difficulty every month. The opinion given was that marriage was possible, and that if pregnancy occurred there was nothing to forbid the passage of the child.

Eight months later Prof. Dolbeau was called to this woman, who miscarried about the seventh month. The pains came on in the night of the 2d or 3d of November, but delivery did not take place, the bag of waters not having broken. On examination, the finger penetrated two or three centimetres and came against a cicatricial ring, indurated and contracted, barely giving entrance to the uterine sound. The bag of waters had encountered the cervical constriction of the vagina, and had pushed downwards both the obstacle and the vagina *en masse*. Prof. Dolbeau introduced a double-edged lithotome, and carefully avoiding the rectum, made a bilateral division of the constriction which separated the upper and dilated part of the vagina from the inferior and compressed portion. The finger was now introduced, and easily came in contact with the bag of waters; when this had broken a breach presentation was recognized. The patient was delivered of a dead child, but her recovery was rapid, and she was well in six weeks. The conclusions from this case are, that an artificial vagina created in the prerectal cellular tissue can acquire the characters of a mucous canal; that coition may be easy; that fecundation may result; and finally, that delivery does not present any great difficulties—*Bulletin Gèneral de Thèrap.*

Tracheotomy in the Adult by Galvano-Cautery.

In 1862 Middeldorpf conceived the idea of performing tracheotomy by galvanic cautery, but without putting his theory in practice.

In 1867 and 1869, V. Bruns made two attempts, with such poor results that he has not published the cases, and has only mentioned them in a brief and unsatisfactory manner.

In 1870, M. Amussat made one attempt and succeeded, but the case is still unpublished.

In April, 1872, M. Verneuil had a successful case, and described the operation minutely.

In October, 1872, Voltolini published a case, fully detailed.

In December, 1872, P. Bruns, with his father, objected to the process, and judged unfavorably of it.

In January, 1873, Em. Bourdon published a memoir, as complete as the state of knowledge on the subject permitted.

In November, 1873, Krishaber communicated to the profession two new cases, and concluded to reject the process.

In December, 1873, M. Verneuil presented a report (Société de Chirurgie) on the subject, of which the following is a synopsis: He considered tracheotomy in the adult a very delicate and dangerous operation. The hemorrhage is often impossible to control until the canula has been inserted. Another source of hemorrhage exists in the mucous lining of the trachea, and then the blood inevitably falls down into the bronchial tubes. He could not agree with M. Krishaber, who says that intra-bronchial hemorrhage seldom gives him any anxiety. The bleeding is not only troublesome, from the difficulties which it puts in the way of a good and prompt operation, but it also compromises the success of the operation by the anæmia which results.

This danger has been universally recognized for a long time, and a great number of operative modifications have been brought forward for the purpose of obviating the difficulty. Some penetrate the trachea with a peculiar trocar, whose canula exactly fills the opening made, and thus prevents the flow of blood. Others propose to open the trachea by caustics. M. Chassaignac has used his linear écraseur. Maisonneuve, Recamier, and others, have devised peculiar cutting instruments for the purpose. In spite of all these efforts and ingenious contrivances, there is no decisive result obtained in practice, since none of

the proposed methods enjoy the reputation of being reliable. If any operative method could certainly accomplish the suppression of hemorrhage, or render it insignificant, it ought to meet with general approbation and employment. Such a result has been obtained by the galvano-cautery in the majority of cases, adults and infants together, in which it has been used.

The galvanic knife is able to accomplish, and has repeatedly effected, even in adults, an immediate and absolute hæmostasis. In two such cases (Verneuil) the neck was short, the trachea deep, and the *embonpoint* excessive—anatomical conditions which rendered the ordinary operation still more difficult, but which did not interfere with the efficacy of the galvano-cautery.

"We cannot always expect," says M. Verneuil, "so perfect a result as this. In four cases the blood escaped in more or less abundance during the operation; and in the first case, reported by M. Krishaber, a secondary hemorrhage occurred." M. Verneuil has made a careful study of the causes and origin of the hemorrhage, with a view to finding out why the hemostasis—both primative and final—is not always assured,—why the process has failed in certain cases.

Immediate hemorrhage, during the operation, may depend upon an unskillful use of the instrument. The knife should be blunt and of large size, having a platinum edge at least 1 1-4 millimetres in diameter, turned up and cylindrical. It should only be brought to a dark-red heat. These conditions did not prevail in the cases in which hemorrhage occurred. The point of Voltolini's instrument was as sharp as the file and sharpening stone could make it. M. Krishaber probably used the flat knife ordinarily supplied by the makers—a most defective instrument." M. Verneuil, himself, has had hemorrhage occur from the use of the thin-edged knife.

Galvanic tracheotomy usually requires from four to five minutes for its most satisfactory performance in the adult. M. Krishaber may have been a little too precipitate in the use of his knife, although the patient was asphyxiated, and it was necessary to act quickly. Whenever an artery, cut by the galvanic knife, bleeds, it should be tied at once, and the same treatment should be applied to the veins as well, for a small quantity of blood seriously interferes with the action of the cautery.—*Gazette Hebdomadaire.*

SIAMESE TWINS.—The autopsical examination has established the fact that the "portal continuity" is really liver tissue, showing that separation would very probably have resulted in their death.

A BILL, legalizing dissection, has passed the Illinois Legislature, and been signed by the Governor of that State.

HOSPITAL REFORM.

We glean from the report of a committee appointed to decide upon the best mode of reforming the pernicious hospital system of New York (applicable as well to other localities), some facts worthy of consideration. The Committee, having under consideration the construction of hospital buildings, say:

"It is not too much to say that the results of the hospital treatment of the Crimean war, of our American civil conflict, and of the late Franco-Prussian war, have been to revolutionize earlier and more widely accepted ideas as to the true principles of hospital construction, and that this revolution in sentiment has only been made more thorough and radical by what has been ascertained concerning other than military hospitals in London, Berlin and Paris. These hospitals were all noticeable for the large number of sick collected under one roof, the deficiency of space per bed, and the deficiency of light and ventilation. The same fact marked the history of the largest hospital at Scutari, which had at one time 2,500 sick and wounded under its roof, of whom two in every five died, while, at the same time, in the hospital tents in the Crimea, although the sick were without blankets, without proper food and medicines, and almost without shelter, the mortality was not over one-half what it was at Scutari. During the invasions of France in 1814-'15, the hospital administration of Paris, not knowing where to receive the sick and wounded, fitted up three of the abattoirs for patients. Several of these buildings, which were of the very simplest construction, had, fortunately, neither doors nor windows, and had the wind blowing directly through them. As a consequence, the mortality was one-half among the patients in the abattoirs what it was in the most complete and massive hospital establishments."

With this general conclusion agrees the testimony of the most eminent surgeons of Berlin, as furnished by them in connection with their professional observations and experience in the late Franco-Prussian war. In a word, the conviction reached by experienced medical men throughout Europe, almost without exception, seems to be that large and intricate structures of several stories, including under one roof any considerable number of wards, are promotive of imperfect ventilation, pyæmia, and, as a consequence, of a greatly enhanced death rate among the patients who are treated in them.

In our own country this conviction is, if possible, more general and profound. The experience of our own war and the reduced death rates in hospitals constructed upon what is known as the pavilion plan, together with the acknowledged difficulty of securing pure air, even by the most costly methods, in any buildings of a more com-

plicated structure and arrangement, have compelled a general assent to the advantages of a simpler mode of construction."

The conclusions reached by the Committee, upon the authority of Dr. F. H. Hamilton, are, that "all hospitals, and especially military hospitals, ought to be one story buildings, elevated three or four feet from the ground." And that such buildings have the advantage of "being much more easily ventilated, are much more easy of administration," and that "such of the patients as are able to walk can pass in and out with less fatigue."

As a final result of their investigations, the Committee suggest a plan for a new Bellevue Hospital, to include "four or six pavilions to be raised, say eight feet, from the ground, on a structure of masonry to be, say 120 feet long by 30 feet wide, and to contain, say thirty beds. These buildings to be one story high, with ridge ventilation. Each pavilion must also have connected with it a small executive building, containing a day room, nurses' room, and small reception and operating room. Also in connection with this executive building and separated from the ward, would be the bath-rooms and water-closets. All the executive buildings to be connected with each other by a basement corridor, the top of which would be on a level with the floor of the wards."

FEEDING A LUNATIC THROUGH THE NOSE.—The report of the Belfast Hospital for the Insane contains an account of a remarkable case of a woman who had, with the utmost pertinacity, refused all food or drink. For nearly three weeks after her admission, says the report, she continued this resistance, during which time it was necessary to feed her forcibly, in order to prevent her sinking from inanition. This was accomplished very successfully, though with great difficulty, by means of a small glass dish or funnel introduced into one nostril, the other being firmly closed as well as the mouth, while she lay on a mattrass, her hands and feet being kept confined by attendants to prevent struggling; and thus small quantities of the strongest nourishment, together with stimulants, such as brandy and milk, yolks of eggs, beef essence, etc., were administered three or four times at short intervals during the twenty-four hours, till she came around gradually to take food of her own accord, and lost all her delusions; and in the course of a couple of months afterward returned to her family quite restored in mental and physical health.

TROPA APPLICATION OF THE CAUTERY.—In the application of the cautery in snake bites, etc., the iron should be of intense white heat, as it then produces no pain; while if it is simply red-hot, the pain is often agonizing.

Obituary.

DEATH OF DR. MERRILL—TRIBUTE OF RESPECT.

At a meeting of the medical and surgical staff of the Brooklyn Homœopathic Maternity, held Thursday evening, March 12th, the Medical Director, Dr. A. E. Sumner, announced that the death of Henry E. Merrill, M. D., occurred at his residence in Orange street, on the 5th day of March, and said:

"Death has robbed our city of one of the early pioneers of Homœopathy, and one that will be sadly missed. Henry E. Merrill was born in Boston, Mass., December 29th, 1813, and was the son of Mirajah Merrill. At the age of seventeen he entered Phillips Academy, Andover, where he prepared for college, and in 1833 he entered as a freshman at Amherst. He studied medicine with Dr. Boyce, of Athens, Ohio, and graduated at the University of Penn, in 1840. Commencing his practice in Ohio, he removed to Brooklyn in 1847, and by a life of unexampled piety and devotion to his profession, he made for himself a wide circle of friends and established an excellent practice. He was a member of the American Institute of Homœopathy, the New York State Homœopathic Society, the Kings County Homœopathic Society, and other similar societies that have for their object the advancement of the school of medicine to which he belonged, and was also one of the founders of this institution, of which we are so justly proud. He was a true friend, a powerful opponent, and a gentleman always. In this city party spirit runs very high, and those who have been arrayed against Dr. Merrill know what an earnest, untiring, honest and honorable opponent he was—ever ready to defend what he believed to be right and condemn what he believed wrong. We can ill afford to allow his death to pass unnoticed, and I recommend the passage of the following resolution:

Resolved, That in the death of Henry E. Merrill, M. D., the Homœopathic profession loses a true friend, an earnest Christian, a noble physician, and an upright citizen, and that we join with all his friends in lamenting his loss.

The resolution was adopted, and ordered to be published in THE MEDICAL UNION.

DR. SAMUEL WORCESTER BUTLER, late senior editor of the *Medical and Surgical Reporter*, of Philadelphia, died, January 6th, of phthis pulmonalis, in the fiftieth year of his age. In 1860 he was appointed physician to the insane department of the Philadelphia City Hospital, which position he filled for seven years. His last literary work was the preparation of the "Medical Directory and Register of the United Sta es," which at the time of his death was so nearly completed that it will be issued by his executors. Unlike the "Medical Register" of this city, which is simply a purely sectarian manual, giving only the names of Allopathic practitioners, who find their hatred to

Homœopathy a sufficient band of union to keep them together without quarreling among themselves on that one subject, it gives the names of all duly qualified physicians in the United States, to whatever school they may belong. The work will be one of especial interest and value to the whole profession.

Rev. David Elliot, Emeritus Professor in the Presbyterian Theological Seminary, of Alleghany City, Pa., and the father of Dr. Thomas H. Elliot, of Pittsburg, died in that city on the 18th ult., in his eighty-seventh year. He was the last living Moderator of the original Presbyterian General Assembly before the split of that church.

Isaac James, M. D., one of the oldest members of our profession, has just passed into the higher life. He commenced the practice of Homœopathy in 1844, and became a member of the American Institute in 1846. He died at Philadelphia, January 22, 1874, at the ripe age of ninety-seven years.

Forbes Winslow, M. D., D. C. L., the well-known medical writer (especially upon subjects connected with insanity, intemperance, &c.), died in London, on the 4th ultimo, aged sixty-four years.

Hon. Milliard Fillmore, Ex-President of the United States, died at his home in Buffalo, on the 8th ult.

Surgeon Josiah Simpson, U. S. A., died in Baltimore, Md., on the 4th inst.

Dr. Max Schultze, the anatomist, died, January 16th, 1874, in Bonn.

Lunacy Laws.—The following bill has passed the Assembly and probably will become a law: "The Governor is authorized to appoint for the City and County of New York not less than ten or more than fifty, and in every other county not less than five nor more than fifteen, respectable physicians, to be known as Examiners of Lunacy, and to fill vacancies as they occur. No person shall be received as a lunatic in either a public or private asylum without a certificate signed by two of this board. The appointment of Examiners shall be made on the recommendation of the Board of Supervisors, and shall hold office during the pleasure of the Governor."

The *London Lancet* gives this cure for a bone felon in its early stage: "As soon as the pulsation which indicates the disease is felt, put directly over the spot a fly blister, about the size of your thumb nail, and let it remain for six hours, at the expiration of which time, directly under the surface of the blister, may be seen the felon, which can instantly be taken out with the point of a needle or a lancet."

COLLEGE COMMENCEMENTS.

The last week in February and the first week in March, witnessed the Annual Commencements of the different Medical Colleges in New York. The past session in all the Colleges has been unusually prosperous, and the list of graduates correspondingly large. The numerous prizes given have served to stimulate the ambition of the students, and the examinations have shown a high degree of proficiency. We were particularly pleased with the printed list of questions of Prof. Carmichael, in the Homœopathic Medical College. There was not one question which a good student should not have answered, and yet they covered the whole ground so admirably that the very thorough and philosophic training which the students must have received from the professor, was exhibited in a very strong light. Anatomy is rightly considered the corner-stone of our profession, and both the University and the Homœopathic College are exceedingly fortunate in the very able manner in which that chair is filled.

Condensed News Items.

Pulmonic Candles.—A candle has recently been invented for the benefit of sufferers from acute bronchitis and allied maladies, containing certain balsams and resins, which, when burned, renders the air fragrant and soothing to the lungs.

The lowest point within the Yellowstone National Park is said to be the mouth of Gardiner's river on its northern boundary line. This is 5,400 feet above the level of the sea. Yellowstone Lake is 7,800 feet above the sea level.

The war between England and the African Ashantees has been brought to a close, the English troops having penetrated to and burned the Ashantee capital of Coomassie.

Dr. Beke, the traveler and antiquarian, reports that he has discovered the veritable Mount Sinai. He locates it at a day's journey from the village of Akaba, in Arabia.

New York City has 349 churches, valued at $46,000,000. Their seating capacity is 308,500.

The whiskey war in Ohio is damaging the whiskey trade of Cincinnati about $20,000 per day.

It is said that Miss Nellie Grant is to become Mrs. Sartoris during the coming month.

Queen Victoria is now in the 37th year of her reign, and the 55th of her age.

Gen. Garabaldi is living at the island of Caprera, in failing health.

Washington, D. C., paid $28,816.90 for vaccinating 40,292 persons.

Disraeli has succeeded Gladstone as Premier of England.

Scientific Gleanings.

Hygienic Treatment of Disease.—Side by side with the use of medicine, and not second to it, is the so-called hygienic treatment of disease—the study and regulation of the vital forces. The influence that the physician exercises over the mind, and through the mind over the body; the soothing or the stimulation of the nervous power; the calming of exaltation or the stirring up of apathy; the quieting of the over-busy brain or the spurring of the flagging will; the repose of over-used powers or the awaking of suspended vital functions; the subduing of the over-sensitive skin or the stimulating of it where wan, muddy, and lifeless; the limiting of supplies to the over-fed frame or the repair of the wasted body by the proper kinds of food and stimulants; the bringing into play, and so again into existence, muscle that had become wasted and paralyzed by disease; these are among the aims the physician seeks to accomplish, and these are among the means which he seeks to employ irrespectively, but by no means necessarily, without the use of medicine; these are among the agencies which you hold in your power in the treatment of disease, and that you, each of you, exercise daily in coping with the various forms of malady, of ailment, and of constitution—*Lancet.*

The Use of Electricity in Labor.—In an Italian journal, Dr. Martemucci regards electricity as preferable to ergot in cases of inertia of the uterus during labor, for the following reasons: 1. The obstetrician who uses electricity has the uterine contractions under control, and can put a stop to them if any circumstances arise which indicate that this should be done; while, when the uterine action has once been excited by ergot he has no control over it. 2. When ergot is given, the labor must be completed at once; otherwise the fœtus is in danger from pressure on it and on the placenta. 3. Under the use of electricity, the physiological uterine contractions can be closely imitated; while with ergot they are not attended with that periodical relaxation which is so favorable to the mother, and especially to the fœtus. Dr. Martemucci has also found electricity useful in the hemorrhage attending placenta prævia. He regards his observations as confirmatory of those of Radford and others, as to the value of the treatment.—*Medical and Surgical Reporter.*

Steam in Dentistry.—Dr. Babcock says he has successfully employed steam power in the form of Morrison's engines, for every operation in dentistry—excavating, putting in the gold, polishing, separating, etc.—and claims for it many advantages over the old plan. It certainly would be a great saving in time and comfort.

Transplanting Flesh.—A curious line of experimentation has been described to the Paris Academy in a note by MM. Legros and Magitot. It was suggested by M. Bat to try the grafting of organs or tissues in the embryonic state on living animals. The authors chose for this purpose the dental follicle; taking some of these from pups a few days old (which were first killed), and grafting them in some cases on adult animals; in others, on young; and generally into the jaws, but in some cases under the skin of certain regions where they would not be readily disturbed, such as the nape of the neck, top of the head, the cervicle, dorsal, or lumber parts. The experiments succeeded only, however, on animals of the same zoological order. The evolution was regular, but slower than in the normal state. Where parts of the jaws, with included follicles, were transplanted, there was always suppuration and resorption.

Advantages of Crying.—Some of the principal English and French physicians are advocating the advantages of groaning and crying in general, and especially in surgical operations. They contend that pain and anguish are allayed thereby, and that those patients who give way to their natural feelings, more speedily recover than those who suppose it unmanly to betray such symptoms of cowardice. One physician tells of a man who reduced his pulse from one hundred and twenty-six to sixty in a few hours by giving vent to his emotions. The theory being correct, crying of children should not be too greatly discouraged. What is natural is nearly always useful; and what more natural than the crying of children when in physical or mental pain?

Electricity as a Punishment.—M. Bair is in favor of substituting electric shocks in the place of the common punishment employed in prison discipline. By such shocks and currents, says he, any amount of torture might be inflicted, and the graduation might be made with scientific precision. The punishment would be less revolting to the spectator and the general public than floggings, while it would be not less awful to the criminal himself; the mystery of it would haunt his imagination, and there would be no conceivable attitude of alleviating endurance. The terrific power exercised by an operator, through the slightest finger touch, would make more deeply felt the humiliating prostration of the victim. If capital punishments are to be maintained, much could be said for discarding strangulation and substituting electric shocks.

Carbolate of Ammonia.—Dr. Declat attaches great importance to this remedy in malignant pustules. He applies it first as a caustic, and then administers internally, in doses of from fifteen to thirty grains in twenty-four hours.

Publisher's Department.

S. J. ALBRIGHT, Publisher.

Office, 93 Liberty Street, New York.

Poverty and Charity in New York.

The panic of the past season and the consequent enforced idleness of a large number of laborers, has brought prominently to view the fact that no city in the world cares more conscientiously for its poor than does the city of New York. Throughout the entire winter wealth has emptied its surplus into the lap of poverty, on a scale of munificence which proves that, here at least, appeal to charity is not made in vain. From the princely gift of $30,000, by a young journalist of this city, down to the equally generous donation of the widow's mite—from the $6,000 given by the combined forces of Messrs. Daly and Wallack's theatres, down to the $10 returned by the newsboy's amateur performance in a Baxter street cellar, all appear to have vied in their good deeds of charity. Soup houses have abounded for the hungry, and depots of warm clothes for the destitute. There has really been no excuse for unalleviated suffering and want; and very little we think has existed. Just how much has been given in these merciful ministrations it would be hard to compute. But one fact has been demonstrated, when regarded from a selfish point of view: that it is better to follow the promptings of a generous heart and give with an open hand, than to await the pressing demands of hunger, urged on by deeds of violence. It is better to take poverty by the hand than by the throat; it is more economical, and certainly more pleasant, to draw around our homes a cordon of gratitude from the wretched, than to look from our windows upon a file of policemen, detailed to protect us from the acts of a crazy and hungry mob.

As spring advances and business revives, thousands of idle hands will find welcome employment, and thus diminish the calls upon charity. And as the heat of the summer drives the more opulent to the sea-side, springs, and mountains, we feel certain that each and all will find their enjoyment enhanced by the thought of good deeds done during the winter.

The Western Homœopathic Dispensary

Was the recipient of a very handsome donation, a few days since, from Mr. E. Allien, being the proceeds of a public exhibition by that clever young amateur in the art of "prestidigitation." Mr. A. has given a number of very pleasing entertainments during the past winter, in the cause of charity, from which the poor of the city have reaped a rich harvest of pecuniary aid.

Female Medical Graduates.

Mrs. M. C. W. Cogswell, Iowa; Mrs. M. H. Crane Woodruff, New Jersey; Miss Mary A. Clapp, Massachusetts; Miss Anna E. Griffith, New Jersey; Miss Emma Onderdonk, New York; Miss Clara C. Plimpton, Massachusetts; and Miss H. A. Wright, New York, graduated from the Female Medical College, corner Second Avenue and Twelfth street, on the 17th of March. The valedictory address was pronounced by Miss Clapp.

The junior students in this institution embrace the names of Mrs. Mary A. Garrison, New York; Mrs. A. C. Stevens, New York; Mrs. Emma Ryder, California; Mrs. E. V. D. Pardee, Connecticut; Mrs. Caroline E. Manning, New York; Miss Jane A. Rich, Vermont; Miss Ella F. Swinney, New Jersey; Miss Mary C. Ford, New Jersey; Miss Mary W. Bates, Maine; Miss Lizzie Keyser, Ohio; Miss Jeannette Caldwell, Pennsylvania; Miss A. E. Vaill, Connecticut; Miss Emilie Jones, New York.

A New Dress for the Union.

We present the UNION this month, and shall do so hereafter, enclosed in a cover. It has heretofore presented too much the appearance of a newspaper to suit our ideas of its value as a standard publication, notwithstanding the prejudices of many of its friends in favor of its former style. Besides, it may now be preserved in better condition to the close of the year for purposes of binding in a durable form. We trust our readers generally will think well of the change.

Cast thy Bread Upon the Waters.

Masters Bertie Guernsey, Willie Harper and Joseph Yard, resolved themselves into a committee last month to dispose of tickets to Mr. Allien's entertainment for the benefit of the Homœopathic Dispensary. How well they did their work may be gleaned from the fact that one hundred and twenty-five dollars was returned as the proceeds of their unaided exertions in this cause of charity. "Cast thy bread upon the waters."

Answers to Correspondents.

R. C. McD.—By referring to our advertising pages you will find just the place to purchase what you require.

R. H. R.—Thanks for your complimentary letter. There are still a number of improvements in store for the patrons of the UNION. Volume one forwarded by mail.

F. C.—We cannot remit books C. O. D. Money is required to accompany the order.

M. D. P.—Our terms are as printed. We cannot deviate.

Removal.

Dr. Frank L. Vincent, Secretary of the State Medical Society, has removed from 38 First street to 17 Second street, Troy, N. Y.

THE MEDICAL UNION

A MONTHLY JOURNAL

Of Medicine, Surgery, and the Collateral Sciences.

EDITORS:

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Original Articles.

ANGINA PECTORIS.

BY EGBERT GUERNSEY, M. D.

The recent death of Mr. Sumner has drawn the attention of the community to a disease, the nature and character of which have been but little understood. Even among physicians the term "Angina Pectoris" has frequently been used as a general term to cover a variety of pains in the chest, the real cause of which they were at a loss to understand. What has complicated the matter still more, is the fact, that often in the worst and most painful forms of this serious trouble, neither the pulse nor the most careful auscultation reveals the nature of the malady. The paroxysm, in a certain stage of the disease, sometimes seizes its victim in bed, rendering it necessary for him to rise and hold on to something, and almost always is induced by even ordinary physical exertion, such as a moderate walk, even on level ground, if prolonged beyond a few hundred feet. Anything which increases the circulation of the blood seems to be sufficient to bring on the terrible agony, and all the time the pulse may be beating as quietly as in health, and the sound of the heart gives no clue to the cause of the trouble. This is not always the case; for at times the patient is nearly pulseless, the extremities cold, the perspiration almost like that of death, gathering in drops upon the brow. In these terrible cases the paroxysm usually lasts but a short time, but is liable to frequent return; the heart feeling, as Mr. Sumner expressed it, as if grasped in a vice or clutched in an iron hand, from which it was vainly trying to free itself. Of course the disease is not invariably attended with this terrible suffering, neither is it always the result of organic troubles; but there is always more or less pain and oppression of breathing, which should excite our most careful scrutiny. Angina Pectoris can hardly be looked upon as a distinct disease, but should be regarded rather as a symptom of disease of the heart, usually of an organic character. What dyspnœa is to the lungs, angina is to the heart; and Bellingham very properly termed it the "dyspnœa of the heart."

This disease attracted but little attention, till Dr. Heberden, in 1772, drew the attention of the profession to it. He connected it with disease of the heart, and it has ever since been treated in connection with that organ. The term "angina pectoris," was adopted by this author on account of its seat, and the sense of strangling and anxiety with which it is attended—that term having been applied by the ancients to all diseases of the throat accompanied by a feeling of suffocation or strangulation. In the works of Hoffman and Morgani, as well as earlier authors, even as far back as Hippocrates, many well marked cases of angina will be found. The first case found in the English language is that of the father of the great Lord Clarendon, and this proved fatal.

The disease is intermittent in its character, the paroxysm depending to a very great extent upon the circulation. Hence the first attack usually comes on while the patient is taking exercise, without any previous knowledge of trouble of the heart. After running or ascending an elevation, he is all at once seized with a distressing sensation in the chest, usually in the region of the heart. After this he becomes more and more liable to the attacks, until at last a walk of even an hundred feet on a level surface will bring it on. A gentleman is now under my care, about seventy years of age, who a week ago, in running for a car, was suddenly seized with a pain and oppression, so violent as to cause him to stop. He can ride now with perfect ease, but a walk of twenty rods will bring on a violent paroxysm. The attacks at the commencement are comparatively mild, but increase in frequency and severity as the disease progresses. Notwithstanding palpitation of the heart usually precedes or follows the attack, in many cases it is entirely absent. The pulse varies in different individuals. In one it

may be regular, in another intermittent; in one feeble, and in another strong, and perhaps in another almost, if not entirely, suppressed. The pain is rarely confined to the cardiac region, but shoots upward or downward, sometimes to the right side, but is almost always felt through the left side of the chest towards the shoulder and axilla, frequently extending down the left arm, where it is exceedingly severe. The action of the diaphragm may be affected, and consequently the phrenic nerves; the lumbar and sacral nerves may also partake of the pain. Indications of gastric disturbance may be present, the stomach becoming distended with gas, and only relieved by repeated eructations. This symptom often misleads the physician, who attributes the cause of the trouble simply to gastric disturbance. The paroxysm may last for a few moments, but sometimes for hours, during which the urine is generally suppressed. As the attack subsides, the water may be passed in abundance almost momentarily, of a limpid character.

This affection occurs in both sexes and in all conditions of life; but like many other diseases, it has been found more frequently among those accustomed to ease and luxury, than of temperance and physical labor. Angina pectoris, depending on organic disease of the heart, cannot be said to be of frequent occurrence, and its danger is in proportion to the organic disease. Sir John Forbes states that of sixty-four cases, with the history of which he was familiar, forty-nine proved fatal, almost all suddenly, while of the remaining fifteen, the greater proportion are recorded as relieved only.

Heberdeen gives forty-five cases, which, on dissection, organic disease of the heart or the large blood vessels was found in thirty-nine, in two there was organic disease of the liver, and in four, general debility. Of course cases are frequently met, with many of the symptoms of this disease, and which are usually classed under this head, but where there is no organic lesion of the heart present. These cases are not by any means necessarily fatal, and are generally quite amenable to treatment, depending, as they do, upon functional disturbances of the heart.

No better definition of the cause of the paroxysm has been given than the one advanced by Bellingham—that it is owing to a sudden impediment to the coronary circulation of the heart, and particularly to the return of the blood by the coronary veins. These results are in general due to a temporarily over-distended state of the chambers of the heart, and an inability to empty themselves, whether owing to weakness of the muscular powers of the left ventricle or to other causes. If the cavity of the left ventricle is considerably dilated, or its walls attenuated or softened, or otherwise degenerate, the contractile power of its muscular tissue will be impaired in proportion. If the circulation under these circumstances happens to be suddenly hurried, or the heart's action suddenly disturbed, the cavity of the left ventricle may become so much distended as to render it incapable of contracting efficiently upon its contents, which would be quickly followed by distension of the auricle on that side, and if relief were not soon experienced, by distension of the right side of the heart. The organic lesions of the heart most apt to be attended by angina, are conditions of the aortic valves which permit of free regurgitation, with the rigid, dilated state of the ascending portion of the arch of the aorta, which permits the blood from the large vessels to regurgitate into it, combined with either of the following conditions of the left ventricle: 1. Dilation of the cavity; 2. Attenuation of the parietes; 3. Softening or degeneration of the muscular tissue.

One or more of these morbid conditions may be present and yet no angina occur, so long as the circulation continues tranquil, and the left ventricle does not become over-distended. Any cause, however, which suddenly disturbs the action of the heart—such as mental emotion, a dream at night, physical exertion, the presence in the stomach of indigestible food—is sufficient to bring on the paroxysm.

Sir John Forbes, in a very able article on this subject, believes that plethora is one of the most constant and important complications of angina. Many of our ablest observers speak of the connection of angina with the gouty habit, and every physician who has met with many cases of this disease has noticed that a large proportion of them were in persons who, by their constitution and manner of living, would be most liable to attacks of gout or rheumatism. Several writers of marked ability have gone so far as to insist that angina is nothing more than a form of gout; but it is very evident that the facts drawn from careful pathological investigations do not bear them out in this conclusion.

In our treatment, the first important consideration is to ascertain as nearly as possible the lesion upon which the paroxysm depends; and although in the majority of cases of well-marked angina, it would be in vain to hope for any permanent cure, we may, by a careful selection of remedies, cut short the attacks and mitigate the terrible suffering. We may also, by pointing out to the patient the absolute necessity of great care in diet, as well as the utmost coolness and freedom from excitement in the daily transactions of life, help to prolong life, and for a time, at least, make it comparatively comfortable.

John Hunter, who suffered severely from this disease, used to affirm that his life was in the power of any person or circumstance which acted powerfully on his mind; and in fact he ultimately died in St. George's Hospital, from strong, but

suppressed feelings, on a point in which he was interested. In this way, also, died John Leach: a single moment of excitement, a sharp pang, and then—death. In Senator Sumner's case a life of quiet might have put off the fatal moment for months, and perhaps for years; but life to him meant work. For a mind like his, thoroughly alive to the great problems of the day, there was no rest—there could be none. Like an old soldier, he preferred to die in the thick of the battle, dealing strong blows as he believed for truth and the right, than to rust out in inglorious inactivity.

In the Allopathic school, but little reliance is placed upon medicines to mitigate the severity of an attack. Those most used, however, are the narcotics, such as *opium* and *balladonna*—given frequently by hypodermic injection—and diffusible stimulants, such as *ether*, *brandy*, *chloroform*, *ammonia*, and *chlorodine*. They recommend *alcohol* in small doses, often repeated; *sesquicarbonate of ammonia*, in doses of three to five grains; the *muriate of ammonia*, in doses of from ten to twenty grains, and other similar remedies, all of which have at times been used with decided benefit.

In our school, in addition to these remedies, from which, as indicated, we should not hesitate to select, we have other agents, whose specific action often gives prompt relief. Laennec affirmed that the remedy which most frequently succeeded with him, in producing alleviation in cases of angina pectoris, and of neuralgia of the heart of a slighter kind, was the magnet, which he employed in the following manner: Two steel plates strongly magnetized, of an oval form, so as to admit of close application to the parietes of the thorax, were placed, the one on the left pericardial region, the other on the opposite part of the back, in such a manner that the poles might be directly opposite. When it produced but little relief, a small blister was applied under the anterior plate, with, as he thought, advantage. Modern science has given us greater facilities for the application of this force than in the time of Laennec; and we now find the constant-current battery one of the most efficient agents in our repertory for the relief of the terrible agony in these attacks, especially when they are long continued.

Among the numerous remedies used, we have found the most satisfactory results—not so much perhaps during the paroxysm, as in preventing it, especially when we have indications of valvular trouble and fatty degeneration—from *arsenicum* and *digitalis*. Hartman says of *arsenicum*, it is indicated if the patient can only breathe very gently with his chest stooping forward, and if the least motion causes a complete loss of breath. The indications for *digitalis* will readily be perceived, especially where there is valvular disease and hypertrophy. It has so long been regarded as one of the most important drugs in the treatment of troubles caused by organic lesions of the heart, that the striking characteristics are familiar to all. While *arsenicum* usually acts better in these cases in the moderately high attenuations, *digitalis* should be given in decided doses, especially during the paroxysm.

Aconite will be found at times a most efficient remedy during the attack. Those familiar with its drug action will immediately recognize the picture; but where it has been of any service in my hands, I have been obliged to administer it in decided doses.

Argentum nit and *aurum*, each should be carefully studied. The general feeling of exhaustion and oppression of breathing, the uneasiness in the region of the heart, will be sufficient to direct the attention to one or the other of these drugs. *Cactus*, after the many brilliant results obtained from it, would naturally suggest itself to the mind in these troubles. With a careful picture before us of its drug action, we shall find many opportunities for its use. Of course, where the disease is depending upon organic trouble, we can at the best only hope to palliate and put off as long as possible what we know must be the end. If the trouble is simply a neurosis, other remedies would naturally be thought of; but as I have said before, it is often extremely difficult to determine this fact. Last winter I was called to see a gentleman who had been carefully examined by some of the ablest specialists in the city, who assured him positively there was no organic heart trouble. The paroxysms were intensely violent, but the pulse during the time showed no excitement. I told him I felt there must be ossification of the coronary arteries, and at no distant day he would expire in one of these spasms. A week after, he was seized while in bed, sprung to his feet, and while holding on to the mantel, expired. Examination showed the coronary arteries to be ossified. The disease requires, as will be perceived, the most careful scrutiny; and even with the closest watching all the symptoms, we are not unfrequently mistaken in the cause and the pathological condition.

FIRE MANIA.—"One of the most distressing, because rarely remedial forms of chronic mania," says the *London Lancet*, "is that produced by the mental shock of fire. The patient wears a peculiar aspect, in which suspicion is one element, and a settled look of panic another. Photographs of such inmates of asylums are remarkably uniform in their representations of this expression. The great fire of Chicago has produced a large number of lunatics; no fewer than 250 suffered from it, having been adjudged insane by the courts of Illinois. Considering the privations, however, to which the houseless victims of that conflagration were in many cases exposed, other causes than fire-panic may be credited with a share of its result."

RUPTURE OF THE PERINÆUM—CAUSES AND CURE.

BY A. K. GARDNER, M. D.,
Late Professor of Obstetrics and Diseases of Females in the New York Medical College.

Within a few months, through the kindness of professional friends, I have operated upon five cases of ruptured perinæum—a small number to count, but illimitable to think upon. Some weeks ago, through the attention of the Honorable Senator Anthony, of Rhode Island, I received a "Report of the Columbia Hospital for Women: By J. Harry Thompson, Surgeon-in-Chief." These events are the origin of the present paper.

CAUSES.

Churchill gives thirteen causes of this disaster. Thompson condenses them into five, as follows:

1. Violent expulsive efforts by the patient, on contact of child's head with the perinæum; in most cases induced by too much manipulation.
2. Unusual width of the child's shoulders, in proportion to the child's head.
3. Extreme width of the perinæum.
4. Inelasticity of the perinæum, occasioned by fatty degeneration of its tissues.
5. Unskillful use of the forceps.

The first case I ever saw, more than twenty-five years ago, was in the person of the young, healthy, robust mistress of one of New York's rich men, pregnant for the first time, and whom I was engaged to attend in her confinement. In good health, and with no signs of immediate labor, she was eating her breakfast in the basement; and when about finished, she experienced a slight pain and a desire to go to the water closet, and accordingly started for that purpose. When half way up the second flight of stairs she was taken with a severe cramp in the abdomen, compelling her to seize upon the banister for support; and standing there and then, her baby was forced from her, the abdominal cord was violently ruptured, the child falling head foremost on to the stair, and "bumpty-bump" it rolled to the floor beneath without injury. The mother was taken to bed, I was sent for, and on delivering the placenta, I found a complete laceration of the perinæum and through the sphincter ani, which I immediately re-united by the usual silk "interrupted stitch" ligatures of those days.

We scientifically know that a candle can be shot through a board; but *momentum* seems to be forgotten in obstetrics. Rupture to any extent rarely occurs in slow delivery. Where the head is moulded by pressure; where it remains long on the perinæum, and the natural delivery is not interfered with, no such event occurs, in my experience. We read of cases where the head has punctured the perinæum, going through it, avoiding both the vaginal and rectal canals. These are the bullet heads, which have gone through, like the candle through the board, by excess of speed! This is the condensation of Nos. 1, 3 and 4 of Thompson's citation of causes.

Churchill's thirteen causes are thus enumerated:

1. Sacrum too perpendicular.
2. Arch of the pubes too acute.
3. Thickened state of the urethra and subjacent parts.
4. The too rapid passage of the head.
5. Exostosis in any part of the pelvic cavity.
6. Excessive breadth of the perinæum.
7. Rigidity of the perinæum.
8. Tissues of the perinæum weakened by disease.
9. Occlusion of the lower outlet of the hymen.
10. Malposition of the child's head.
11. Malformations.
12. Exercise of too much voluntary force by the patient.
13. Want of care when instruments are used.

Now, of these reasons, Nos. 1, 2, 3, 6, 7, 8, 9, 10, 11 and 12, are all causes of and dependent upon cause 4; and as before mentioned, are merely the reasons of the cause No. 4, viz.—momentum.

Tyler Smith alludes only to the 7th division—rigidity of the perinæum.

Gaillard Thomas, with far less than his ordinary discrimination, gives four causes: parturition (!), use of forceps, manual delivery, craniotomy. In other words, it comes from having a baby, and any assistance that may be professionally given to her. His causes would have been but a little more complete if he had added to his definitions, "by injury from railroad accidents, etc., and by want of care at the time of delivery."

Grailly Hewitt simply refers to difficult labor.

Byford gives as causes: straight sacrum, rigidity of the perinæum, large and unusually ossified head, too narrow arch of the pubes, unskillful use of instruments.

Baker Brown suggests as principal causes: "the dimension of the child's head being too large, absolutely and relatively, for the capaciousness and expansibility of the natural outlet; an unnatural rigidity of the perineal tissues, or extreme width of the same; unskillful use of instruments; parturition for the first time at a very early or late age."

Dr. Fordyce Barker, in his recently issued, beautiful and valuable work, says:

1. Certain anatomical configurations of the natural organs, as (*a*) very straight sacrum; (*b*) the direction of the vulval opening; (*c*) natural elasticity and distensibility of the perinæum; (*d*) extreme smallness of the vulva.
2. Excessive size of the head and shoulders, absolute or relative.
3. Peculiarities in the mechanism of labor: (*a*) when the occiput rotates into the hollow of the sacrum; (*b*) face presentations; (*c*) incomplete flexion; (*d*) excessive flexion.
4. The physiological character of the labor: (*a*)

when too rapid; (*b*) when too tedious, the perinæum becoming hot and congested; (*c*) excessive nervous irritability.

5. Unskillful or careless manual or instrumental delivery.

Of all these writers, Baker Brown and Barker seem to me to be alone practical observers, and analyzing and acute thinkers on this subject.

Dr. Thompson's opinions are apparently those of an operator. He writes me on this point: "You must recollect, my dear Doctor, that all, or nearly all my cases, come to me months or years after injury has occurred." They are formed from a deduction from the reports that came with the cases upon which he has operated, and not from his actual observation of the causes of these accidents. The errors of his statements are not errors of his own, but are incident to all deductions from statistics.

We all know the feelings of the accoucheur to whom this grave accident has happened. We all know the envies and jealousies of the profession. We know how the former desires to screen himself, and how easy it is to say, "rigid perinæum," "deviations in the bony structure," "head too unyielding, large, etc.," "too old, or too young a mother;" and better still, how easy to attribute this sad result to unskillfulness of the (former) attending physician—especially if of another "school,"—to "want of care when instruments were used." He writes me, February 21st: "I shall operate to-day upon my 117th case of restoration of the perinæum,—so far without a single failure."

Dr. Thompson analyzes fifty-three cases which have come under his care—for operations, remember, and not of cases where the accident occurred under his immediate observation, a very great difference, as before alluded to—and yet note his deductions, for they are exceedingly valuable in this relation. "Thirty-three were of long standing, *i. e.* ranging from one to seventeen years, and their histories, obtained principally from the patient, are *not altogether reliable.* Twenty were recent cases. In fifty-four instances the accident occurred at the birth of the first child; the remaining nine were multiparæ. In two of the multiparæ, instruments were used, as also in sixteen of the primaparæ. In no case could I discover any abnormal acuteness of the arch of the pubes, and in two only was the sacrum unusually straight. Two had been head presentations, and eleven were extremely rapid labors, accompanied by violent expulsive pains, the patients stating in three cases that they felt the tissues tear, calling the attention of the attending physician to the circumstance."

With this *resumè* of the opinions of leading writers on this subject, I am prepared to present *my series of causes* of this most serious of obstetric accidents.

1. Momentum of child after passing "through the bones."

2. The disproportionate enlarged size of the head of the child to the lower strait of the pelvis.

3. Undistensable cicatrizes of the perinæum from previous injuries (often in childhood); or ulcerations (often syphilitic).

4. Unusual position of the external genital organs creating an abnormal perinæum.

5. Results of instrumental delivery, and not necessarily or generally unskillful, and often simply caused by momentum.

6. The sudden expulsion of the child's shoulders.

Reconsideration.—1. All treatises on obstetrics advise support to the perinæum by the accoucher's hand when the head is passing through the external soft tissues, so, as far as possible, to supplement the too straight sacrum by the curved palm; and how many of us have practically felt the strained perinæum under our hand, and we have urged upon our patient to refrain from all voluntary expulsive efforts. But the jaded uterus, with a sudden burst of nervous energy—like a fagged horse near to home, that takes the bit between its teeth, and spite of all attempts at restraint, rushes impetuously to finish its journey—defies all our efforts and the mother's uncertain will, and we feel the leathery band under our very fingers, despite our most energetic efforts to hold back the head, yield, crack and tear, with a seemingly unending continuation. This rupture was caused simply from the want of sufficient time for dilatation. This, the commonest of the causes of perineal rupture, embracing more than all the others combined, is one for which the accoucheur is little to be blamed. Of course, had he suspected such an eruption of nervous energy, he might have quieted it by some treatment, as *opium*, or better, *chloroform*. *Ergot* is sometimes a cause of this, when given improperly, the os uteri being imperfectly dilated, the sudden yielding of which is followed by a too rapid descent of the child.

2. We occasionally have so large a head, a body, shoulders, and even hips, that they, one or all by turns, fill up the entire bony canal, and the entire space, stript of even the tissues, is absolutely requisite to allow it to pass; and then we see, not only the perinæum torn through, but the posterior portion of the rectum and the subjacent tissue severed, nay, down to the coccygeal extremity—occurring too, with little or no increased momentum. Where such cases are allowed to drag their slow length along, the pressure causes vesico, and recto-vaginal fistules. When hastened by instrumental assistance, the same result not unfrequently occurs from abrasion and tearing away.

3. This cause needs no prolonged explanation.

4. The various positions of the pudendum is

note-worthy to accoucheurs. Barker calls them "the direction of the vulval opening," as if there were not any bony change accompanying and calling for the vulval deviation. Dr. Barker says: "In some, the ostium vaginæ is nearly parallel with the plane of the trunk, while in others it is nearly at right angles with this plane; or to put the statement in other words, in some the direction of the vaginal canal is nearly parallel with the axis of the pelvic cavity, while in others it more nearly corresponds with the axis of the outlet." I have had cases where the vulva was not between the legs, but could be seen when standing perfectly erect, and a speculum easily then introduced—an occurrence which could not take place did not the pubic bones arch upward and take an unusual position. The position of the vulva is in fact as various as the location of the mouth,—which is sometimes in the middle of the face, and sometimes at the lowest portion, with scarcely a perceptible chin below it. When the vaginal opening is far anteriorly and the rectum far posteriorly, a large perinæum is the result, and the axis of the lower strait would centre at its middle, the result of which is to make the head to present upon it, and not anteriorly to it. To overcome this, the attending physician should strive to restrain the "final pains," and by proper manipulation distend and slide the perinæum over the child's head, to prevent the imminent rupture.

5. The phrase, "unskillful use of instruments", is very commonly employed by the writers above quoted, and is a sweeping phrase, more denunciatory than true. The result of instrumental delivery, usually by forceps, comes as in cause 1, that I have given, namely—from momentum. The head is forcibly dragged through the canal before the perinæum has had time to dilate, as above explained. It is generally supposed that the edge of the forceps cuts through the perinæum, which is almost impossible, as it would be very difficult to get the forceps on to the head so as to bring the edge thus in contact with these soft tissues.

Of late years the forceps practice is very different from that of a quarter century ago. They are generally more often applied when the head is on the superior strait that when resting on the perinæum. Most generally, when I deliver by the forceps, after having brought the head down so as to present at the vulva, I remove the instrument—sometimes but one blade—and allow the labor to be completed by the natural efforts, thus giving time for the perinæum to fully dilate under a comparatively natural pressure. I have rarely, if ever, had a rupture thus occurring.

6. In an instance or two I have seen, after the head was expelled, a sudden spasm of the perineal muscles, contracting it around the neck of the child; and a sudden forcible uterine contraction (aided too often by the accoucheur's traction on the head) has resulted in a cutting through of the perinæum by the sharp projection of the inferior shoulder. I will not say that there may not sometimes be, as Dr. Thomas claims, "an unusual width of the child's shoulders in proportion to the child's head," but I do say the circumference of the shoulders almost always is smaller than the largest circumference of the head; and more than this, that the *unyielding* long diameter of the shoulders is smaller than that of the head; for the shoulders can almost be doubled upon themselves—sometimes, it is true, by the breaking of a clavicle.

"Fatty degeneration" is one of the sounding platitudes of the day. It is applied everywhere and to everything, and is one of the proofs that can be brought to maintain the apothegm, "that language was created to hide the want of ideas." Thompson says it occurs most frequently after thirty years of age. If there be such degeneration of the sphincter vaginæ and sphincter ani muscles (which compose the perinæum), there is also general fatty muscular degeneration, in consequence, of the uterus and abdominal muscles engaged in the expulsion of the child. The result would be muscular inertia and inability; while the fact is, that rupture of the perinæum is caused by an excessive vigor and a too great muscular energy. Barker calls this condition "adipose tissue in the structure," and says, "where there is considerable, there is sure to be an unyielding perinæum." My experience is quite the contrary; for if the child is not hurried along too rapidly when at this stage, I find the perinæum gives without difficulty. On the other hand, I have found the perinæum of acrobats, opera danseuses, and those in the habit of freely moving their legs, so as to put the perinæum on the stretch, to materially add to its suppleness. Did any one ever hear of an uncivilized Indian woman with a ruptured perinæum?

EXTENT OF PERINEAL RUPTURE.

Few primiparæs occur without a greater or less laceration of the fourchette—an injury which may seem to be of very considerable extent when occurring in a largely extended and thin tissue, but which after a day or two's contraction scarcely shows a scratch.

Barker says: "There is no doubt that the anterior border of the perinæum or fourchette is generally lacerated in primaparæ. The late Dr. Williams, of Manhattanville, who was obstetric physician to the Emigrant Hospital, Ward's Island, said that a visual examination would show that in first labor, the mucous fold called the fourchette was always lacerated; and to satisfy myself on this point, I went with him to Ward's Island on three different occasions. We carefully inspected these parts in sixty-two primiparæ, and I must say that in every one this mucous fold was found torn; but in thirty-seven there was no laceration

of the other tissues of the perinæum." I suppose the truth is, that rupture of the fourchette is about as common as rupture of the hymen. I have seen pregnant women with unruptured hymens, and have delivered primiparæ without a trace of injury to the fourchette. In one case carefully examined, not only was the fourchette intact, but I delivered the after-birth, and not a solitary drop of blood, or a bloody smear or discoloration of any sort followed it. Indeed, a white cloth might have been carefully passed over the inside of the placenta without being colored, for a slight film carefully enveloped its inner surface. By careful cutting of the cord, not a solitary spot soiled the bed clothes, the child, or any surroundings. [While revising this article I have attended a lady of 35, with her first child. She, less than five feet in height, and the child weighing over eight pounds, and the fourchette was not abraded].

2. It may be continued any distance, till it is entirely disjuncted—up to the rectum itself.

3. It may pass into the rectum, dividing the recto-vaginal septurn for several inches upwards.

4. In addition to this, it may pass through and sever the posterior wall of the rectum, up to the hard portion of the os coccygis.

TREATMENT.

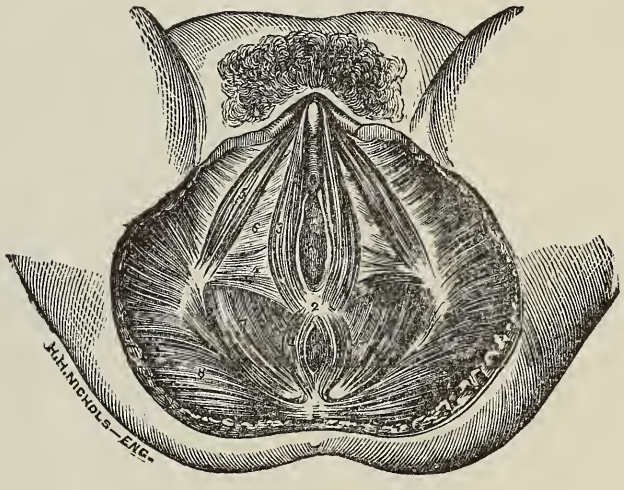
1. The slight lacerations of the fourchette generally occur in the raphe, but sometimes double lacerations are noted on either side of the median line, and running through the labia. Little is required to be done for these cases, beyond the ordinary cleanliness, and a wash of weak *chloride of soda* or *carbolic acid.*

2. If the rent, however, is more extensive, two questions are to be answered: "Is it so severe as to necessitate an operation?" "Is that operation to be done now, or at some weeks or months time afterward?"

IS AN OPERATION NECESSARY?

Before answering this question, let us carefully look at the anatomy of the parts. We are apt to get our remembrances of the male and female perinæum somewhat jumbled.

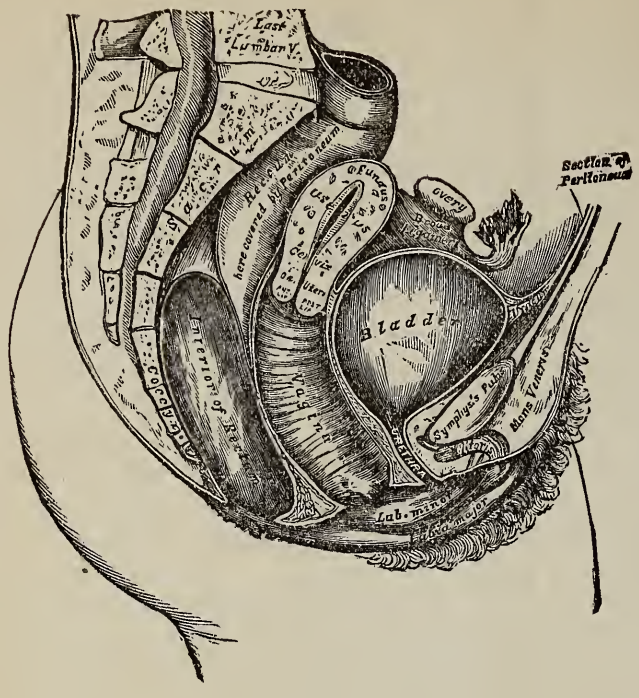
Fig. 1.



1. Sphincter ani muscle.
2. Pærineal center, with inter-crossing of the sphincter ani and sphincter vaginæ muscles.
3. Sphincter vaginæ muscle.
4. Transversus perinei muscle of the female.
5. Erector clitoridis muscle.

Figure 1, here presented, will serve to show the muscular formation which now especially concerns us in the present inquiry. Figure 2 will show the normal position of the organs, and a comparison with Figure 1 shows the result of a perineal laceration—which, however, does not invade the rectum or recto-vaginal septum. The result of this complete rupture is a contraction of the sphincter ani from its posterior insertion on either side of the coccyx, drawing the anterior wall backward; and the fibres of the sphincter vagina, being thus torn from their attachment posteriorly, lose all power of drawing the posterior wall of the vagina forward and upward; the transservalis perinei draws the lacerated edges outward and upward, widening the gap made anteroposteriorly; and the vagina, which normally is a closed canal, so firmly contracting as to become an evident support for the superinposed organs, becomes a mere chasm, and the floor of the pelvis is lost. In addition to this, the posterior wall of the vagina becomes straightened, and the tissues being relaxed, permit of the formation of a pouch at the lower portion, immediately above the internal sphincter, in which the forces accumulate, and vaginal recticele soon follows, drawing in the posterior *cul-de-sac* of the vagina, and changing the axis of the uterus, which now hangs perpendicularly over the external outlet. All support being lost, it descends, drawing with it the anterior wall of the vagina and bladder. A *cul-de-sac* of the bladder is soon formed, in which the urine

Fig. 2.



Relative position of the genito-urinary organs of the female. (Normal.)

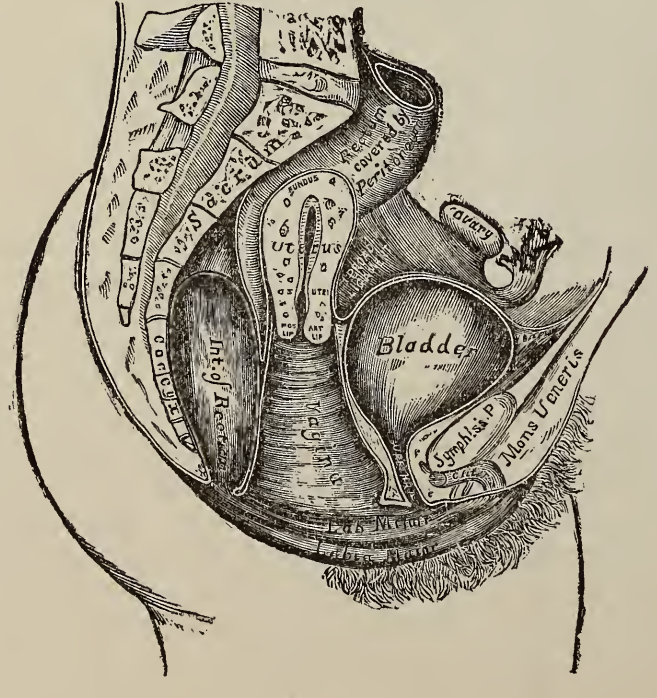
is retained, and the bladder can only be completely emptied by the patient introducing her finger into the vagina, and temporarily replacing the uterus.

To answer this question, we must recognize what the effect of the injury actually is to the patient. Thompson briefly and well describes it.

The consequences of this accident are extremely grave, and in many cases of long standing incapacitate the patient for any exertion in the erect position. "The principal sequelæ are: prolapsus of the posterior wall of the vagina and anterior wall of the rectum, or 'vaginal rectocele;' prolapsus of the anterior wall of the vagina and posterior wall of the bladder, or 'vaginal vesicocele;' procedentia of the uterus, with all the complications attending each of these conditions."

Where the rupture destroys the sphincter ani, there is *ex necessitate rei* an absence of all control over the bowels. In persons of a constipated habit, it may sometimes occur that a semi-daily attention may prevent the continuous escape of the fæces; but even in these cases, any lifting,

Fig.



Relative position of the genito-urinary organs of the female after rupture of the perinæum.

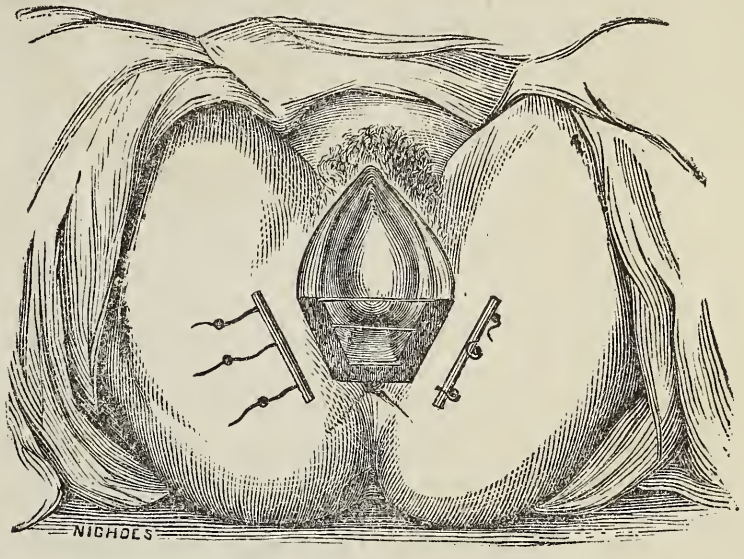
extraordinary exercise, and straining, is followed by an escape of the fœcal matter; while in all cases where flatulence is present, or a condition of diarrhœa, the patient is made not only personally uncomfortable, but very offensive to those around.

"These are not *supposed* results of the accident, but necessary *consequences*, as we can readily comprehend when we examine the female perinæum and maternal outlet, and the relative anatomy of the genito-urinary organs."

It is not in view of these aggravated cases that we ask "if an operation is necessary"? Any pain or risk is gladly endured, with a prospect of relief; and fortunately it is generally quite safely, and easily, and surely obtained.

In cases of trivial ruptures of the fourchette, it is quite ordinary to leave them to themselves; and it is generally supposed that the surfaces unite—a reality which I think is rarely thoroughly accomplished. Instead of this occurring, as is supposed, the patient often not being in-

Fig. 2.



Position of suture and quills before coaptation of the denuded surfaces.

formed of any such accident, frequently does not take that care of herself, so as to keep the parts in apposition, and thus to enable nature to do its best. But even if the knees are kept tied together, the perpetually flowing lochia, with concomitant clots and occasionally urine, are passing over the surface, and mechanically prevent union by the first intention. Granulation and cicatrization sooner or later occur, with some shortening consequent thereupon, and the distended perinæum assuming its natural proportions, the rent is almost imperceptible; but there remains permanently an enlarged vulva, a loss of the sphincter vagina, precluding erythismal contractions, a dependant vaginal laxity, quite unnatural and very unsatisfactory to the husband in his amatory relations, and one very commonly seen among the married women all over the world.

Some doctors (business men?) "take a stitch" in these cases—a superficial one, with simple silk. Such operations are useless, to say the least. If any operation is demanded, it should be one thoroughly accomplishing its purpose, and thus really beneficial.

WHEN SHOULD THIS OPERATION BE DONE?

This is a very important query. At first blush we would naturally say: "Now. The injury has just been effected, and now it is easier repaired; now the parts are freshly severed; hereafter they will be cicatrized and a unification will be requisite, and the length and difficulty of the operation thus greatly magnified."

On the other hand, we must consider the condition of the patient, exhausted by protracted labor, the effect both on body and mind by the additional tax upon her energies. The question, too, comes up, whether her position is such that a proper operation can be done. Is she in a dark garret, in squalor? But apart from these questions comes a consideration of season: Is it one of general puerperal disease? Whether she can have the proper nursing—one very essential element of which is, capacity of the nurse to use a catheter.

But the question principally to be considered, is the chances of a successful result to the operation. We must remember that the locheal flow is incessant, interfering not a little with the operation, rendering the successful closure of the wound almost impossible, without retaining within it coagulations and fluids which will putrify, which cannot escape, and which, even if not added to by subsequent discharges, interfere with a union by first intention.

Next, the condition of the parts themselves, independent of the tear, is to be considered. Are they œdematous, ecchemozed, injured by prolonged friction, or pressure of the child, or the operator? These interfere greatly with the chances of success.

If none of these objections occur, the reasons

for the operation preponderate. *First*—The operation takes half the time it would if it is necessary to vivify the surface. *Second*—There is no unnecessary waste of substance—sometimes an item where the perinæum is contracted. *Third*—Anæsthetics overcome utterly the mental anxieties and fatigues of the tired sufferer, and the operation really results in a relief, and perhaps a substitute for an anodyne. *Fourth*—The after confinement and quiet in bed, is the same time that is now necessarily spent in the confinement. *Fifth*—If the operation is really done as a serious operation is done—no nonsense of "taking a stitch"—the operation is not a superficial one; but the parts are closely drawn together, firmly held, so that no stitches will cut through, so that no lochial discharges will penetrate through the wound.

The operation should then, if possible, be done immediately—there is no hurry for hours; but before any reparatory attempts of Nature have been instituted—any cicatrization or ulceration of the surface. In order to avoid moving the patient, I have sometimes operated when she laid upon her side in the bed, but I do not mean again to do so. The injury consequent upon being placed upon a table is imaginary, while the advantages of being exposed to a good light even with the eye, in the best possible position upon the back, are too obvious to be renounced. The main objection comes from the attending physician, who thinks that this makes a parade—that it magnifies the injury for which he is fearful that he may be blamed. It is not a dangerous or difficult operation, but it is one requiring delicate manipulation, some experience, and to know how to do it. It cannot be well performed bending over a bed, till cramped in every limb, in one's own light, and generally awkwardly placed.

STEPS OF THE OPERATION.

In preparing the patient, the nurse should give the patient some oil the evening before, and follow it by an injection of simple water on the morning itself. She should be instructed to cut away all circumjacent hair which may interfere with the operation, or become afterward entangled in the appliances.

In chronic cases the labia and perinæum should be carefully shaven; but although even more necessary for subsequent cleanliness in these earlier operations, it is not so easily done. Much, however, may be effected with a sweep or two of a sharp bistoury prior to commencing the operation. When this is effected, and the patient is in situ, with the limbs well drawn up, so as to remove all tension on the parts, a careful survey is of the first importance—the character and extent of the injury should then be fully understood, and the exact operation speedily planned. The number and location of every stitch should then be fixed, at least in the mind of the operator; and it is well for some, if nervous or not familiar, to mark the spots for the entrance and exit of the needle with a soft pencil or ink. If there is to be any stitches put into the recto-vaginal septum, these require to be first done before closing the perinæum. If possible, these should be avoided, from the difficulty of their subsequent removal.

I have already said that sutures with silk are indispensable, as I presume that to-day no physician would ever dream of using anything but silver wire. I should also have said that "interrupted sutures" were also inadmissable; but the great apostle of vaginal surgery, Dr. J. Marion Sims, told me but a few days ago, that he never operated any other way; and so likewise Dr. Emmet, I understand. I don't doubt it. Dr. Sims, with a needle and a bit of silver wire, can do anything; but I can't; and I don't believe but what in anybody else's patients they will cut out before the parts become united. Perhaps, in his hospitals, with his skilled nurses, and under his God-inspired eye, he may have success such as I never could get with the liberties and exigencies of home, with ordinary monthly nurses and my bungling ways! All I say here is, "God bless Dr. Sims for all he has done in these localities!"—but my legs are not long enough to step in his every track.

My aim is to perfectly coapt the parts, bring the edges firmly together, so tight that no fluids can pass between them, without any local pressure, and with the necessary pressure *not made upon any one spot* even for a moment, but spread over the whole extent of the surface, both in length and breadth. With the broad clamps I use, and at the distance I place them from the edges of the wound, the wires are kept in a direct line at right angles, spread over the whole extent, and thus the holes made by the needle are really no larger when the sutures are removed than when they were entered. Dr. Sims, in his earlier writings, speaks of his clamps, which he then used, being buried in the tumefied tissue. My desire is to make these clamps so broad that they cannot bury themselves, and so spread the forces as widely as possible. In this respect I differ from Dr. Thompson, who uses round tubes of India rubber, because they are stiff, "not yielding at the parts between the sutures, and because they sink into the tumefied tissue." The clamps I use are of lead, as originally proposed by Dr. Sims. With this exception, the operation I perform is that of Baker Brown, as modified by Van Buren, and is the same used by Dr. Thompson. His description, mainly, I condense here, and illustrate it by electrotypes, many taken from his abovementioned work, and furnished me by his courtesy.

OPERATION.

It might seem as if there were two operations, dependent upon the fact of the more or less re-

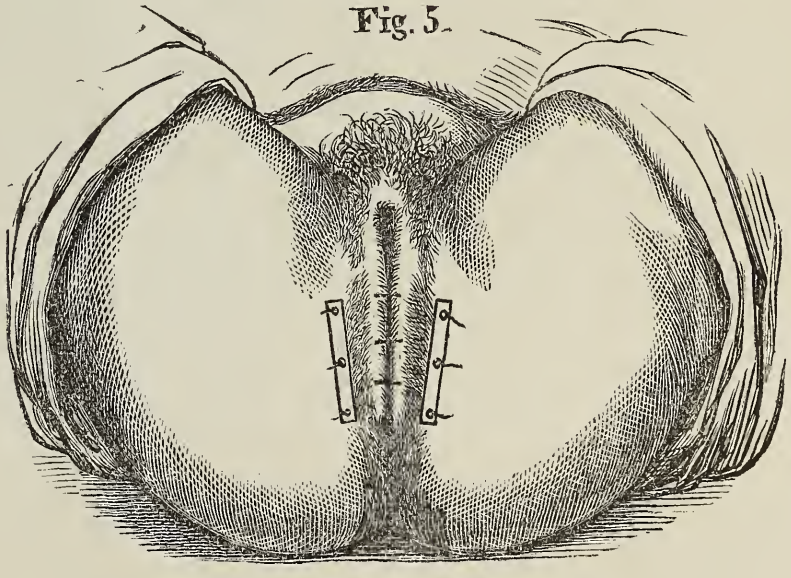
cent character of the wound, but practically, the one embraces the other. In the fresh wound there is to be necessarily no "freshening" of the surfaces to be united; in the old and cicatrized parts there is usually required but little paring off of ragged edges.

The patient being fully ætherized, should be placed upon a firm table of a height convenient for the operator when sitting, the buttocks brought near the edge, and the limbs bent—like as in the well-known lithotomy position—and held firmly by assistants. [The assistants required are one for each limb thus held, one to administer chloroform, one to attend to instruments, sponges, etc., and one as special aid to the operator. No prudent man will voluntarily undertake an operation without such assistance, added to the nurses usually attendant. I have already given the reasons why the operators in such cases are overruled by the attending physicians in regard to these operations in acute cases; and this, too, is one of the reasons why the success in family practice is not as assured as it is in hospitals]. Remove all the hair from the parts as may be possible, and with a small, sharp-pointed scalpel, make the outline of the part to be denuded, allowing for the necessary contraction of cicatrization, rather by removing too much than too little; but the portion removed should never be less than three-quarters of an inch from within outward, and this width of abrasion should extend upward as far, or even a half inch farther than the original location of the fourchette, which may be easily recognized by the different character of the rugæ of the mucous lining of the vagina.

It is very important that this denudation be perfectly done, as any point of membrane left within the closed wound would not only fail to unite by the "first intention" sought, but would be a receptacle for effused blood or pus, and a source of irritation and disease sufficient, perhaps, to prevent the success of the operation. The removal of the membrane in an entire piece is, therefore, to be sought. The severance usually is best effected with a knife, but some operators prefer sharp-pointed scissors. Dr. Emmet greatly prefers the latter instrument.

The insertion of the sutures is the next step. Select a needle, not too long to be easily manipulated within the vagina, and arm it with double silk, so that when drawn through, a loop remains at the point of entry. Insert the needle an inch or an inch and a half from the external edge of the wound, and press it directly backward for half an inch or more, before you turn the point toward the vagina, or inner edge of the wound, at which part it is to be brought out; enter it again on the opposite side on the inner edge, and make it traverse the same direction to the external point of exit. [A great error is frequently committed by not making this stitch pass sufficiently deep, so as to control the parts; and it should be remembered a subsequent intermediate row of cutaneous stitches will coapt the external parts.—Which may be seen in Figure 5]. Select a piece of silver wire of medium size, about ten

Fig. 5.

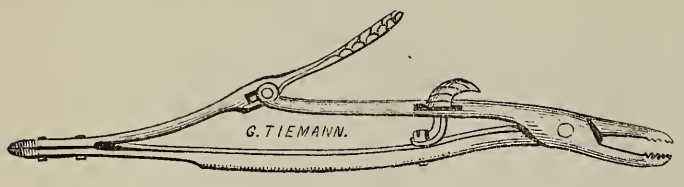


inches long, bend the end over and hook it on to the loop of silk aforesaid, draw the silk gently through, and the wires will follow without kinking. Three or four sutures are generally sufficient —the first to be entered at the bottom of the wound, so as to control the parts around the anus. The principal care, therefore, is to pass the needle so that the external points on either side, as well as the internal points, should be exactly corresponding, and the wire when inserted be parallel. The only difficulty is in manipulating the curved needle; but this will be found almost none at all when seized with the instrument—[a representation (Fig. 6) is here furnished, by the kindness of the makers, Tiemann & Co., N. Y.] —whose prehensile properties are as wonderful as they are satisfactory to the operator.

The wires being thus in position, are to be passed through clamps upon either side. [These clamps should have been previously prepared, by making

strips of lead a half inch or more in width, of a thickness so as to be easily bent, and perforated in pairs, with corresponding holes large enough to easily admit the suture wire. A set of clamps should then be cut off of the desired length]. A perforated buckshot should then be passed over the wires of the left side, and fastened securely by compressing it with strong forceps.

Fig. 5.

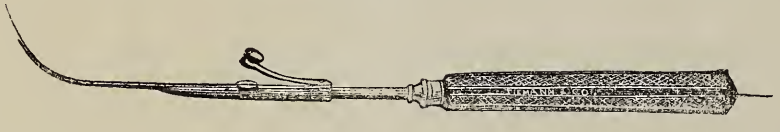


Sands' Needle Holder.

There are some cases where from the conformity of the parts, and the thinness of the tissue, I have been able to use a "silver wire propelling needle." It is a hollow needle, (Fig. 6) the wire passing through the handle to the point, and in some cases is of great service, as both sides may be perforated, and the wire passed through by a single operation, and with no troublesome silk, etc. In the improved instrument a wheel is placed in the handle, which impinges on the wire, and rolled by the thumb, pushes the wire either forward or backward, as desired, and the needle then withdrawn leaves the wire in its proper place.

Bleeding having ceased, the cut surfaces are to

Fig. 6.



be carefully cleansed, and the parts coaptated by drawing first on the central wire, an assistant gently pressing the soft parts together. In the tension made, the aim is to bring the parts closely together, recognizing that there will be some subsequent inflammatory swelling.

This being attained, slip the shot down to the clamp, and compress it as before. Then the upper suture; and finally passing the finger into the rectum, to ensure a perfect coaptation, finish by securely clamping this. The shot being finally and certainly firmly compressed upon the wires, the wires must be cut off as short as possible, leaving enough to bend over, the more safely to secure the clamp. The gapings of the superficial edges may then be brought together by interrupted sutures, either fine wire or silk. The condition of the parts in the perfected operation may be observed by reference to the cut (Fig. 5), which well contrasts the appearance of Dr. Thompson's tube and the clamps I propose. She should then be carefully removed to her bed, placed on her side, her knees tied together, and cold water dressings applied for the first twenty-four hours, or longer if there be inflammation. The urine should be effectually drawn off at least twice every day, or allowed to drain away by means of Sims' self-retaining catheter.

I have usually removed the deep sutures about the seventh day; but Dr. Thompson says the third day. I presume union is obtained earlier, but I have known the parts thus united by imperfectly organized tissue to be torn away on turning carelessly in the bed, a sudden nervous start, so that I prefer, as these cause no irritation, to allow them to stay longer. The superficial ones may be severed any time when the object of them seems to be accomplished.

For several weeks care is to be taken against any violent exertion that may serve to disrupt the parts, and more than ordinary attention paid to the perinæum in any subsequent confinement.

THE CARE REQUIRED OF THE BOWELS.

I have omitted, in the description of the operation, all reference to the important improvement made to Baker Brown's original operation by my much valued friend, Wm. H. Van Buren, of New York. I have done this in order to place under a single heading the important care which is required of the contiguous organ—the rectum—both before and after operation; and that I might not encumber the simple statement by a discussion of mooted points.

In the early operations for perineal lacerations, the irritability of the rectum, the constant nervous, natural and excited action of the sphincter ani were found to be serious impediments to the success of the operation. Attempts were made to prevent them by opiates, and patients were kept half narcotized for several days by local applications of *opium*, etc., and then often fruitlessly.

Baker Brown conceived the idea, and successfully overcome this action, by making incisions through the sphincter ani; but he made instead two wounds more severe apparently than the original one, which were far longer in healing than the former. Dr. Van Buren's plan is to paralyze the sphincter by over distension; and this plan not only recommends itself by its simplicity and bloodless character, but by its thorough and complete efficiency.

It is the first step in the operation, after the anæsthetic is taken, and is thus effected: Each thumb is to be placed in the rectum, so as to fully command the sphincter. Such fingers as will then reach should be firmly fixed upon the tuber ischii of each side, and by a slow and persistent pressure the thumbs should be closed upon the fingers. This probably will not be effected without some disruption of the muscular fibres, and possibly of the mucous membrane; but if not made too rapidly there is little chance of this. Of course the drawing should be so done as not to make traction on the perineal extremity, and should be repeated till a perfect flaccidity of the sphincter is evident. A surgeon who to-day should divide the sphincter with a scalpel may be considered behind the age—in this direction certainly.

TREATMENT OF THE BOWELS AFTER THE OPERATION.

The change in the treatment of the rectum before the operation, has eventuated in a change in the treatment after the operation. To control the local irritability and alvine evacuations, injections and suppositories of *opium* were persistently used; but when the sphincter was paralyzed, either by its division or by Dr. Van Buren's method, its gaping mouth was not controlled by the opiates, and the contents of the lower bowel were passed insensibly.

When this fact was recognized, the next attempt was to assist nature; and instead of allowing hardened fœces and irritating substances to pass, unduly dilating the passage, to aid, by softening such secretions by attention to diet, by frequent teaspoonfuls of olive oil, by sulphur and molasses, and by avoiding all local narcotic treatment. If, however, the bowels still remain constipated, and it is desirable that they should be evacuated, a bland enema should be administered.

The operation will have little, if any effect, on the general health. If done the day after the confinement, the patient will scarcely be detained in bed a day longer than ordinary; there will be no change in the diet required; and after the lapse of some year or two, scarcely the trace of the injury will be discernible, the scar being then lost in the raphe and the folds of cutaneous integument.

Dr. BADE presented, the other day, to the Faculté de Médicine, a young girl, aged fourteen, named Blanche Dumas, from Issondun, whose body, from the waist downwards, is double, the two parts acting independently of each other. The two legs she uses for walking belong each to a different trunk, while a third one is quite insensible to pain. Her health is good.—*The Lancet.*

NEW and very rich gold mines are being discovered in Australia and California.

APHONISE CURED BY PULSATILLA.

BY L. B. WALDO, M. D.

In December, 1872, a Miss ———, of Onondaga County, called on me for treatment, complaining of entire loss of voice; and so completely were the vocal chords affected that it was with the greatest difficulty that she could sufficiently articulate, in a whisper, to describe her case to me. Her age was twenty-two; her employment had been work in an Eastern factory, and her surroundings all poorly fitted to promote health, which had been slowly but certainly declining for months. Her complexion was very fair, being a beautiful blonde, with light hair, blue eyes, and with a mild and tearful disposition. From the imperfect description of the case, I learned that some three months previously she had taken cold, which caused the loss of the voice and the cessation of the menses; or, in her own language, and that of the ladies, she had "seen nothing" in the past three months; not that she was "stone blind," but was suffering from amenorrhœa. But I learned that no symptoms of a common cold existed, or had at any time during the three previous months, except, at intervals, a dry, hysterical cough. Neither the tonsils, the fauces, the pharynx, nor any visible portion of the throat, presented any abnormal appearances whatever. I prescribed pulsatilla, 3 dr. every two hours through the day; a generous diet, plenty of out-door exercise, and entire rest from her usual employment. And though it was then mid-winter, I learned that in two weeks from that time her menses appeared with the ordinary phenomena, and in another week her voice was completely restored. I learned some months afterwards that she was well, and had not had a return of the Aphonisa or of menstrual irregularity, and that her general health had greatly improved.

This lady, I should say, had been under the "regular" practice for some weeks, and had taken the usual forcing remedies, including physics and tonics, and yet was no better, but rather grew worse.

I am confident that it was the pulsatilla that effected the cure.

LANSINGBURG, April 2, 1874.

BUTTERMILK.—A paper was recently read before the French Academy extolling the virtues of buttermilk. It claims for this article a good share of the acid which destroys the incrustations which form on the arteries, cartilages, and valves of the heart, and believes a constant use of buttermilk will free the system from troubles which inevitably cause death between the seventy-fifth and the one hundredth years of man's life.

THE DRESSING OF AMPUTATED STUMPS WITH PLASTER OF PARIS.

BY L. TRANEUS, M. D.

Notwithstanding that amputation is rendered easier to perform, and is more successful in its results, on account of the improvements of modern times, still the operation is regarded with terror by the poor sufferer who is about to submit to it; and it yet demands all the precaution, attention, skill, and ability, which the surgeon can command, if he would not be mocked in his expectations as to the final result. If the pains of the patient were caused only by the cutting and sawing, the anæsthetics would suffice to bring the patient in a calm and hopeful state of mind; but an increase of his sufferings is added by the dressings, every time that they have to be reapplied; and this circumstance alone disturbs and annoys him, by remembrance of what has passed and by fear of what is to come. In addition to this, it will be still worse if the patient has to be moved to some other place, as often occurs in war. Secondary hemorrhages of a dangerous character will sometimes be provoked from the wounded surface being laid open, cleansed, rubbed, or distended. Miasmas and contagions will more easily come in contact with the wound, either directly or indirectly, by means of the sponge, which may not always have been cleansed and disinfected as the surgeon has ordered. Thus in the treatment of amputated stumps we meet difficulties and dangers from four different sources, viz: 1. The pain arising from the change of dressing. 2. A patient being moved under certain circumstances. 3. Secondary hemorrhages. 4. Infection from miasmas and contagion. These difficulties would be for the most part prevented, if the wound were left alone to the mild mother—Nature. "Dea alma Nature." The best way for accomplishing this manner of treatment would be by means of a dressing which possesses the qualities of being indestructible from the secretions exuding from the wound; firm enough to support the wounded portions, and protect them from external injury; easy of being opened at any point; and readily kept clean. All these peculiarities are exactly to be found in the dressing made by means of Plaster of Paris, if prepared in the right way and properly applied.

The Plaster of Paris to be used must previously have been well burnt, for the purpose of eliminating its crystal-water, and be freshly reduced to such a fine powder that it feels smoothly when taken between the fingers; and it must be of a pure white color, and free from any hard sandy particles. It is the process of burning which is indispensable for rendering the hard, crude masses of Plaster of Paris pliable, and easy of reducing into a powder, and endows it with the capacity to again take up crystal-water and form a new, firm, and adhesive body. All the straps and rollers—whether linen or cotton—which are to be used, must be impregnated with this powder, and be prepared immediately before the amputation. Here I feel the necessity of remarking, that it is better that the physician should prepare them himself, because nurses are inclined to neglect this very important matter, and the surgeon may be held responsible for the results. If the dressing is to be applied after the major amputations, the following rollers or straps are usually required, viz: *a*. A roller six feet long, which, according to common principles, is applied immediately upon the skin, for the support of the soft, lank parts, so as to bring the margins of the wound toward each other; *b*. Nine-to-twelve straps, one and a half inches wide and one foot long, to be laid across the wound; *c*. A circular roller to cover the whole. The preparation of the rollers and straps is performed in the following way: Each of them is to be stretched out upon a firm and steady table, the powdered Plaster of Paris is sprinkled out over the roller with a spoon, evenly, from one end of it to the other, and is then rubbed upon the roller with the fingers, so as to be pressed into the interstices of the weaving; and hereby the edges must be carefully attended to, from the beginning to the end. This done, all the superfluous, loose powder may be gently shaken off, and the roller reversed upside down for exposing the free side of the roller to a similar preparation. After all the loose powder has again been shaken off, the roller or strap is rolled up, but very loosely, for allowing the water which is to be used to easily enter between its several turns. The quantity of powder required in such cases may amount to from four to six ounces; less, if the powder is well burnt and adhesive, but sometimes more, if it feels sandy and rough from incomplete burning. As to the method of amputation for which this kind of dressing is the most appropriate, I have but very limited experience, having always myself used the flap operation, which according to circumstances I have modified by one or two flaps. Yet I feel inclined to think the flap amputation will prove in all cases to be preferable to the circular or the oval amputation. Circular amputations may have given as good results as any other method; yet it cannot be denied, that the margins of the wound do not close well, and neither approximate nicely, nor are coaptable to each other; very often the flaps at each end of the wound will protrude as two corners in different directions. This unfavorable circumstance will yield after a time, and decrease, on account of the atrophy of the muscles and the cellular tissue, and of the retraction of the scar, even in its most prominent parts; but immediately after the amputation it gives trouble and inconvenience.

We presume the amputation to be performed,

the arteries tied, with their ligatures *loosely* hanging out, the wound cleansed and ready for dressing. For this aim the ligatures are required to be peculiarly arranged. Generally it is customary to carry them, each one by itself, directly across the margin of the wound, and to secure each of them by a strip of plaster on the skin. But for the dressing by means of Plaster of Paris, this method would not be appropriate, as the ligatures could not be found for extraction, unless by cutting away the whole front part of the stiff dressing; hence, all the ligatures should be conjoined at their ends by one knot, so as to form one loosely-twisted cord. This cord ought to be carried out of the wound, across the margins, and left loosely there. The surgeon who afterwards takes charge of the wound ought to remember this place, that the cord may readily be found when it is desired to remove the ligatures. Before applying the first roller, the tourniquet must be removed, which, I think, will do no harm if the arteries are properly secured. Every roller or strap must have been moistened in water immediately before its application; thus the water will enter between the several layers, and within the interstices of the weaving, chemically joining the sulphate of lime, from which the crystal-water had been extracted by the previous heating. In this new condition the sulphate of lime will again take up an equivalent of crystal-water, and by agglutination, form a compact and firm body, together with the rollers and straps. It is always best to have the water present in but a small quantity, as for instance, a half pint or a pint; because a good deal of loose powder will be swept away from the webbing, and may be of use afterwards to spread over the dressing. Thus the first roller, moistened in water and gently expressed, may be applied as a contractive roller, beginning in circular turnings from above, nearest the thorax, going down toward the end of the stump, and closing at the margin of the wound. Nothing further is required, as the moistened powder hardens of its own accord. This will support the soft parts of the stump, and make it easier to close the wound and coaptate its margins toward each other. The straps prepared in the same manner as suggested above, may now be applied across the wound in several directions, transversely and obliquely, until the whole wound is covered with three or four layers of straps. It may sometimes be necessary to take a handful of powder, either dry or moist, to spread over the straps already applied, for the purpose of giving the whole more consistency and firmness. Then the second circular roller may be applied according to the usual rules for covering the whole stump, whereby the straps must be left unprotected and free to the view, in a line exactly corresponding to the margins of the wound. The reason of this will be explained further on. Finally, a handful of powder may again be spread over the whole stump, for fixing it more firmly, and giving the dressing a smooth appearance. Thus the whole stump is covered over with a kind of cap, composed of Plaster of Paris and cotton straps, mutually bound together, so as to form one hard, firm, and light body, which protects the stump from all injury. Its external appearance is white and smooth; it cannot slip off, partly because the small hairs of the skin have become imbedded in the plaster on the internal surface of the dressing, and partly because the dressing is closely adapted to every excavation and prominence of the stump.

The dangers induced by this immovable dressing are none whatsoever, so far as my experience in a surgical practice of many years has proved. Secondary hemorrhages may be feared, but I never saw any. If it unfortunately should occur, the skillful application of a tourniquet, or of ice enclosed in a bladder or a balloon of india-rubber, and a prudently changed position of the stump, together with internal remedies, would suffice to check it. Neuralgic pains accidentally may occur, but this will not depend upon the dressing, if it be properly applied. Soft gangrene may intervene, yet not before the third day after the application of the dressing, and must be treated as is suggested below. Within the first two or three days after the operation, a thin, sanguinolent discharge will exude from the wound, which the ignorant might regard as a hemorrhage, and from this the dressing will be wet through at the end of the stump at its lower circumference. Now is the time to partially examine and care for it, that the wound may be properly healed. An opening should be made at the middle of the wound, having a transverse, oval form. It is best made by lifting up a portion of the blood-dyed, wet straps with the dissecting forceps, and using a sharp scalpel for cutting it away. One layer after another may successively be removed in this manner, until the skin and the margin of the wound become visible, always giving careful attention not to interfere with the sore parts. As the ligatures were joined in a knot (the surgeon's memory may lead him to find them), they may readily be found and laid over the margin of the aperture. After the third day an attempt should be made to loosen some of the ligatures. For this purpose each one of them is to be taken with the pincers, gently separated from the others, and carefully pulled upon; if it is loosened it may be separated from the knot. Every day this has to be repeated, until all the ligatures have been removed. Through the opening in the dressing the condition of the wound and skin around it can be ascertained, and the local treatment made according to the indications that may be drawn from the view of the wound. Injections, ointments, lint, etc., may easily be brought in con-

tact with the wound as required. Within the next two weeks, some wet, small bits of the dressing may be cut away, according to the surgeon's judgment, and the whole margin of the wound in this way laid open. It may sometimes even be advisable for the surgeon to gently introduce his finger under the lower flap—between it and the dressing—for making pressure and bringing out the matter from the deeper soft parts. For this very purpose it is well to bring the limb for a moment in a declining position daily, that the pus may freely escape. After the flaps have been firmly agglutinated, and the wound evidently appears healed over almost its entire surface, and the quantity of excreted matter has decreased, the whole dressing may be taken off in the usual manner. But if the patient is required to be moved, as for instance in war, it is advisable to postpone the removal of the entire dressing until the patient has been brought into rest and comfort.

EXSUDATIVE CATARRHAL INFLAMMATION OF THE MIDDLE EAR IN INFANTS.

BY W. N. GUERNSEY, M. D.

Case I.—A babe, eight months old, took cold, had coryza and hoarseness. Two or three days afterward it became very restless, feverish, and cried at times as if in extreme agony. These symptoms increased in severity, and when I saw the child, two days later, it was very irritable, constantly tossing the hands to its head, and crying at short intervals. It had passed several sleepless nights, its face wore the expression of suffering, and although it was seen to cry, its voice could not be heard.

The father was fearful of brain irritation; but reasoning by exclusion, I diagnosed it to be exsudative catarrhal inflammation of the middle ear. Hot water was ordered to be poured into the ear at frequent intervals, and *belladonna* administered internally. The ear broke in a few hours afterwards, the pain was alleviated, and the child speedily recovered.

Case II.—A babe, seven months old, woke up in the night crying violently. It was feverish and irritable, but as its gums were slightly swollen, its sufferings were attributed by the parents to the process of dentition. As it rapidly became worse, I was called in upon the following day. The child was flushed and feverish, but when I entered, it was lying quietly upon the pillow. It shortly gave a sudden, loud cry, was very restless for a few minutes, and then became quiet again. There was no tossing of the hands, its gums were not sufficiently swollen to excite high febrile disturbance, and there were no symptoms referable to disordered conditions of the thoracic or abdominal organs. Differentiating a diagnosis by exclusion, I considered the case to be catarrhal inflammation of the middle ear, and ordered the instillation of hot water, and the administration of *belladonna*. The little patient was quickly relieved, and upon the following day had regained its usual playfulness.

Exsudative catarrhal inflammation of the middle ear is a very frequent disease in little children. From the peculiar anatomical arrangement of the ear, inflammation is easily excited in the mucous membrane lining its cavity at this period of life. At birth, the mucous membrane is very thick, filling up almost the entire tympanic cavity in its exuberance, and is liable to sudden and severe circulatory disturbances, as the dura mater and the mucous membrane of the middle ear are in much more direct communication at this time than later in life. The luxuriant membrane is also then undergoing rapid retrograde metamorphosis, and during this period of excessive physiological activity it is more susceptible to pernicious influences, and is more liable to disease. The delicate and sensitive nervous organization of the infant is susceptible of sudden disturbances in its circulation, which may be directly transmitted to the ear, and cause circulatory derangements of that organ. In the early years of infancy, children are very susceptible to catarrh and diseases of the lungs, and as Lucae has demonstrated that the action of respiration is of great importance in maintaining a healthy condition of the middle ear, any hindrance to its perfect performance is an incentive to the destruction of the integrity of the organ of hearing.

During the past two months this disease has prevailed very extensively in this city, arising undoubtedly from the extreme changeability and severity of the weather.

In no other affection, perhaps, is the physician's ingenuity more severely taxed in making a correct diagnosis, and doubtless no disease is so often mistaken as this. To-day, a patient came to me suffering with chronic suppurative inflammation of the middle ear, which had arisen in infancy. He said he was thought to be very sick, as he had been suffering with symptoms of brain irritation, and had such severe convulsions that his life was despaired of. His ear broke shortly, and the nervous irritation immediately ceased. And recently, a child was brought to me, who was suffering from a purulent discharge from the ear, which dated from a so-called attack of fever, that immediately subsided, however, upon the breaking of the ear. These are not exceptional errors, but such as fall almost under the daily notice of the specialist.

The symptoms of this affection are varied. Generally the little patient is restless and feverish, cries at intervals as if in severe pain, and frequently puts its hands to its ears or head. There are usually also simultaneous symptoms of a coryza present. Some have claimed that the

cry is characteristic, but I think it is often mistaken for the cry of meningeal irritation, and cannot alone be relied upon as a diagnostic symptom. The tossing of the hands and striking of the head are not constant, and when present are not positive signs of an affection of the ear. In severer cases, symptoms referable to the nervous system are prominent, and there may be delirium, or lethargy, alternating with extreme restlessness, convulsions, loss of consciousness, and vomiting.

This affection is more frequently mistaken for meningitis, perhaps, than any other disease, except it be the process of dentition. The stomach and intestines are also often blamed as being the seat of the trouble.

Exsudative catarrhal inflammation of the ear may be differentiated from meningitis by absence of constipation and other symptoms which are characteristic of the latter affection. Dentition, and disturbances of the gastro-intestinal canal, can also be positively diagnosed by careful attention to the totality of the symptoms.

In entering upon the consideration of the treatment of this affection, I may remark that it behooves every conscientious physician to carefully study the history of this disease. If these cases are not promptly brought under proper treatment, serious symptoms may arise, which will endanger the life of the patient, or the membrana tympani be ruptured, a chronic suppurative inflammation established, and the integrity of the organ of hearing destroyed. I have already alluded to the intimate connection of the dura mater with the mucous membrane of the cavity of the tympanum in early infancy, and with what facility disturbances of the circulation in the one are transmitted to the other, and how, in severe cases, the symptoms are nearly all referable to meningeal irritation. If cerebral symptoms are not developed, other disastrous results may ensue from neglect of treatment. Competent authorities state that from forty to fifty per cent. of the cases of deaf-mutism are not congenital, but acquired in infancy. According to the census of 1870, there were sixteen thousand two hundred and five deaf mutes. How many of these cases might have been prevented it is not possible to say; but certain it is, that if the treatment of ear diseases had always been as well understood as at the present time, the number of these unfortunates might have been much less.

In no disease, perhaps, does proper treatment procure more speedy relief and brilliant results than in this affection. The days and nights of torture to the helpless little sufferer, and the long, weary hours of anxiety to the watchful friends, are quickly ended when treatment is rightly instituted. In the early stages *belladonna* alone, or in alternation with *aconite*, should be administered, and warm water poured into the ear at frequent intervals. In the latter stages, *mercurius biniod.* should be given alternately with the *belladonna*, and warm water freely used if there is much pain. Poultices should never be recommended, although the opinion of the laity is almost universally in favor of their application. They easily arouse suppurative inflammation, and should consequently be avoided. The action of moist heat is very soothing in these cases, and generally the pain is directly relieved under its influence, and the little patient often falls asleep while the warm water is being applied. Clark's aural douche is a very convenient apparatus for bathing the ear, and is to be highly recommended for its neatness and simplicity.

Inflation of the ear according to Politzer's method is valuable both as a diagnostic means and as a remedial agent. When the exsudation is abundant, by resorting to this method the tubes are forced open, and a possibility given for the secretion to flow downwards into the throat. It can very easily be performed, as it is not necessary at this age for the patient to swallow when air is forced into the ear.

As to the indications for the selection of remedies :

Aconite is appropriate in the earliest stages, when there is tearing, tickling, ringing or roaring in the ears.

Belladonna is indicated when there are stitches, lacerating, and lancinating pains, and humming or roaring sounds.

Mercurius biniod. when there are dragging pains, sticking and burning sensations, great fullness, pulsation roaring or buzzing in the ears.

Popular Errors.—To think that the more a man eats the fatter and stronger he will become. To believe that the more hours children study the faster they will learn. To conclude that if exercise is good, the more violent it is the more good is done. To imagine that every hour taken from sleep is an hour gained. To act on the presumption that the smallest room in the house is large enough for a bed-room. To argue that whatever remedy causes one to feel better is good for the system, without regard to ulterior results. To eat without an appetite, or to continue to eat after it has been gratified. To eat a hearty supper for the mere pleasure experienced during the brief period it is passing down the throat, at the expense of a whole night of disturbed rest, and a weary waking in the morning.

In a Cincinnati hospital a woman's skull was so much eaten away by a cancer that the brain was exposed. Her death being inevitably near, the attending surgeon introduced steel needles, and applied a weak current of electricity. The patient, although conscious, did not feel the punctures of the needles in the brain, but experienced tingling pain in the hands and arms.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

THE AMERICAN INSTITUTE.

On the 9th of June this time-honored organization will hold its annual meeting at Niagara Falls. In its counsels will undoubtedly be gathered men from every part of the nation—from the Atlantic and the Pacific coast, from the prairies of the West and the States bordering on the great gulf. They will meet for a common purpose—to advance the cause of true science, to aid each other in their search after truth, and seek by their united and harmonious action to deepen and broaden the stream of scientific investigation. To do this, all minor considerations must be lost in the magnitude, the importance and the grandeur of the work. If the strength of the school is represented at this gathering, as it ought to be, it will include men of great research and of rare scientific and literary culture; men who have the ability to bring something to the common fund of great practical interest. Many of these men have long stood in the background, preferring rather the quiet of their own homes, the regular round of their professional work, to the stormy arena of discussion, in which too often empty words, dogmatic assurance, and high-sounding platitudes, have usurped the place of enlightened reason and common sense.

A great national body of scientific men, at each meeting should add something to the general stock of knowledge, or they fail in their duty. Pleasant as it is to meet together in social converse, the more weighty objects of the gathering should not be forgotten, the collection of important facts in the various departments of medical science, and the maturing of plans for enlarging and strengthening the work of scientific investigation. It has been charged upon us, with what truth we do not pretend to say, that the great medical enterprises of the day are in other hands than ours. We are told that we hold symptomatology so closely to our eyes, we do not see the grand opportunities for work all around us, and that the sanitary organizations, the hospitals and asylums, are inaugurated and pushed forward in their successful and noble career with but little aid from us. With our vast and wealthy clientage, including in its numbers much of the intelligence, the wealth, and culture of the community, we have only to inaugurate practical enterprises to be sure of success. Business men do not hesitate to contribute liberally where it is evident organizations are needed, and are conducted with that energy and liberal spirit which, among a people like ours, commands respect.

If, at the meeting of our great National Society, the time is devoted to real earnest work, if the papers read there shall be the clear and able presentation of great principles and the gathering together from the fields of professional labor of useful facts, if the discussions are such as become a body of representative men, earnest in their convictions, and zealous for the cause of truth and humanity; if, in fact, the deliberations, by their ability, their earnestness, their broad and liberal spirit, their grappling with the great questions which agitate the medical world, in the spirit of true science, looking not for personal aggrandizement or selfish triumph, but the harmonizing of discordant elements in the medical world by placing the truth clearly before them, much, very much will be done to strengthen our cause everywhere, and secure the respect, at least of those of our opponents whose good opinions are of any value.

In addition to the regular members of the Society, every college, hospital and dispensary can send one delegate; every medical journal one delegate; every county or local society one delegate; every State society two delegates, with one additional for every twenty members; and every association of more than fifty members, two delegates, with one additional for every twenty members. If all these delegates are selected with care, and placed upon the proper committees, they can, by their intimate knowledge of the working of their school everywhere, present a report replete with valuable suggestions and plans for its future usefulness.

CREMATION.

That our bodies should be burned to ashes after death, instead of slowly mouldering in the ground, is the new proposition of some who claim that the decaying inhabitants of the graveyards are likely to cause an accession to their number by their noxious exhalations. The idea is good; its origin is classical, and its practical application presents no difficulties.

An æsthetic consideration of the subject only, gives new beauties to the suggestion, and we are lost in admiration of the many charming aspects of cremation. We have had enough of the bones of our ancestors; our posterity shall have none of ours. The skull and cross-bones shall pass into oblivion; we elevate the dust-pan and the broom-brush as the future emblems of mortality.

When every man shall be his own landlord, every house shall contain its own graveyard. In little vases, forming handsome ornaments for the parlor mantel, each neatly labeled "Thomas," "Susan," "Peter," or whatever the name may be, our beloved ashes shall be under the constant supervision of devoted housewives, whose care shall be equally divided between the pickeling of fruits and the preserving of ancestors. It is to be hoped that the presence of family jars will result in the absence of family quarrels. No more shall disconsolate widows and tender orphans frequent the damp and chilly cemetery, getting their feet wet and indulging their family affections at the risk of incurring affections that are pulmonary or rheumatic. Consoling thought:—Our dear relicts can toast their feet before a comfortable fire, and in mournful accents thus address the servant: "Bridget, bring my first husband from the left-hand corner of the top shelf of the pantry, and three pocket handkerchiefs from my bureau."

If we turn from these tender anticipations of the private features of cremation to its more public application, we will still find much to delight us. The frightful Morgue, and the never-ending line of funerals that now give a horrible mixture of vivacity and gloom to the neighborhood of Bellevue Hospital, will become a thing of the past. Grass will grow in that vicinity, disturbed only by the rounds of the solitary ashman as he gathers in his daily cartloads—the dusty testimony of our opponents' skill.

It will, of course, be necessary that one large crematic fire be kept continually burning for the convenience of the public, and instead of entrusting our funerals to the rapacious hands of multitudinous undertakers, the vocation of that mercenary class will be gone forever. Every family will furnish its own requisite, and the ashes may be brought back in one's vest pocket. Necessarily, the remains must be first entrusted to some public functionary, who should be held accountable in heavy bonds for the faithful performance of cremation, else we could never be sure that the ashes we receive are the identical cinders of the requisite that we have furnished. We shall have no more elegies written in country churchyards; the poet of the future will pen his elegaic verses in the public ash-bin.

And what new fields for poetic effusion are opened by cremation. The damp and mouldy grave having been abolished, death will be shorn of half its terrors. Poetic fancy will be fully supported by scientific facts, when it pictures the cremation of the dead as transforming all but the absolutely imperishable into vapors that rise to the heavens above and mingle with the sunlit clouds, full of that glorious radiance which heralds the morn with rosy colors and drapes the setting sun with royal magnificence. We shall look to the azure vault above, and in every floating cloud recognize a memento of the departed, and as we gaze upon the funeral pyres of some of our acquaintances, we shall feel a solemn satisfaction in a process which will thus waft them nearer to heaven than they could ever have been brought by the ordinary process.

THE HOMŒOPATHIC STATE INSANE ASYLUM.

The Homœopathic State Insane Asylum was opened for the reception of patients April 20th, under the same rules and terms as govern admission to other State asylums. Applications can be made to the Superintendent, Dr. Henry Stiles, Middletown, New York. Donations also, of books, works of art, and anything intended for the amusement and comfort of the patients, can be sent to the same address. We understand that a reception will be given May 7th, to which the friends of the institution throughout the State will be invited. We beg our friends everywhere to exert themselves to make this asylum—the first in our school—a grand and complete success. The Superintendent has given to it his whole heart and his best energies, and the Trustees have labored with untiring zeal in its behalf. Can we not do something to uphold and strengthen their hands?

ANNIVERSARY OF THE BIRTH OF HAHNEMANN.

The evening of April 10th, being the 119th anniversary of the birth of Hahnemann, was the occasion of a very pleasant symposium at the St. Cloud Hotel, by the New York Homœopathic County Medical Society and a few invited friends. A table, arranged with much elegance and artistic taste by M. Brezill, the steward of the hotel, was spread in the large dining room. Among its decorations we noticed two large centre pieces—one a skull and cross-bones and the other a mortar and pestle—both in colored sugar. We did not exactly understand the design of the artist, whether he intended to convey an idea of antagonism between the two, or that the mortar and pestle was a sure and speedy road to the skull and cross-bones; but we presume, from the fact that in the final distribution of good things the pestle was used to shatter the grinning emblem of mortality, while all the time the marble bust of Hahnemann on the opposite side of the room—twined with the ever-beautiful smilex—surveyed the scene with calm dignity, that the former was his intention.

The committee of arrangements—Drs. Throop, Minor, Houghton and Norton—performed their share of the work to the entire satisfaction of all. We wish we could say as much of some of the speakers, more than one of whom seemed to forget that "brevity is the soul of wit;" and where sixteen toasts are put down on the programme, and sixteen speakers are expected to respond, there is hardly time for half-hour speeches.

In the absence of the President, Dr. Helmuth, his place was admirably filled by Dr. McMurray. In a few well-timed and pertinent remarks, he introduced the literary exercises of the evening. "The nation celebrates," he said, "the birth of Washington; it celebrates the birth-day of our nation in its Fourth of July; the Irish, on St. Patrick's Day, celebrated the birth-day of their patron saint. As medical men, we celebrate the birth of Hahnemann, the great medical reformer of the world. This is *our* anniversary, and we have met here this evening to celebrate the hundred and nineteenth aniversary of the birth of the great founder of our school." Our Irish fellow-citizens will cut short your allowance of "poteen," good Doctor, if you put the cart before the horse in this way. The 17th of March, the famous "St. Patrick's Day in the Morning," is the anniversary of the *death* of St. Patrick, when, after freeing Ireland from all the snakes within its borders, he suddenly stepped from her green hills into glory, leaving in a trail of light a memory so green and glorious that the son of Erin is justified in the pride which thrills his bosom, as he insists that "St. Patrick was a greater man nor your Fourth of July, any day."

The first toast of the evening was: "The Memory of Hahnemann," and to this Dr. J. A. McVickar was called upon to respond; but the courtly form of Dr. J. A. McVickar was nowhere seen among the throng, and so the toast was drank in solemn silence, all standing. We say drank, but the drinking was a kind of spiritual drinking, in which no glasses, through which shone the amber nectar, were seen; and in the silence we felt, but scarcely heard, a rushing sound and a deep-drawn sigh, as if the spirit of the old man was sweeping through our midst on viewless wings, heaving a sigh of relief, that for once he had escaped a set speech to his memory.

Then came toast No. 2, "The Law of Cure," to which Dr. Carroll Dunham responded in a speech somewhat lengthy but very learned, very profound, in which the homœopathic law was analyzed and expounded to the great edification of the guests.

The toast, "Our Medical Colleges," brought Dr. T. F. Allen to his feet. The New York Homœopathic Medical College, he said, was not run in the interest of any clique or any party. It was not Helmuth's college; it was not Dowling's college; it was not even Allen's college; in fact, it did not belong to anybody in particular, but was run solely and entirely for the good of the profession. The professors were all extremely modest men, and so thoroughly disinterested that one and all were willing to resign their respective chairs *instanter*, provided any abler or better men would step forward to take their places.

The effect which this startling announcement produced upon the listeners can hardly be imagined. There was a rustling of ribbons—for it was evident the prizes were open to both sexes—keen glances from one to the other, and a measuring of intellectual strength. There is no telling what would have happened if the speaker had not immediately qualified his offer with the statement that the entire revenues of the institution were appropriated to the good of the college, not one of the professors receiving a dime; (?) and thus vanished the glittering prizes. It was unkind in you, good Doctor, to excite hope, only to dash it to the ground. When the Professor closed, urging the profession to support this college, so good, so scientific, with such rare facilities for instruction, so much better than any Allopathic college, their own school, he was greeted with a round of applause. Were those tears which we saw in so many eyes, as the picture came up before them of those noble, modest, self-denying men toiling through the long, weary hours in the temple of science, not for money, but for the good of humanity, and ready at any time, oh! so ready, to lay all their honors down when any man or woman could be found able to fill their place? So much did these thoughts take possession of our mind that we have only an indistinct

remembrance of the next half hour. We have a faint idea of hearing Dr. Youlin called upon to respond to the toast, "The American Institute of Homœopathy," and caught now and then, through the gathering mists of the brain, "tribulation," "persecution," "time-honored," "glorious," "grand," "Niagara Falls," "do you good." The speech was, no doubt, eloquent and impressive, but the worthy President must pardon our overwrought feelings. Just then Demarest, always skillful, not only in diagnosis but in the remedy, quietly ordered up some champagne. It was, indeed, the right remedy in the right place. Liebold's face brightened under its influence, and Sumner and Fiske grew young again.

To the toast of "The Women's Medical College," Dr. Lozier, in the absence of his mother, replied in a few well-chosen remarks. "Medical Literature" brought Dr. Lilienthal to his feet, who presented in poetic language, rich with Oriental imagery, an allegorical picture of medical literature in this city. He had furnished cream to the infant in abundance, but the profession had gone back on their word and failed to supply the phosphorus.

Dr. Guernsey replied briefly to the toast, "The Medical Press." "The press," he said, "has been rightly called the lever of public opinion—the lense which converges the scattered lines of public thought, and throws them upon a given point. Much of its power and usefulness depends upon its intellectual strength, and the clearness, the honesty, and the impartiality with which it discusses scientific questions. A school, either of medicine, theology, or general science, is judged to a great extent by its public utterances; and if these utterances show a lack of careful, practical investigation, of scientific research, the cause suffers. A medical journal, filled with every-day platitudes, with milk-and-water logic, with transcendental moonshine, disgraces not only itself, but brings discredit upon the school to which it belongs. Knowing, as it does, that the public eye is fixed upon it, it should take heed, if it wishes to gain and retain place and power for itself and its school, that its cause shall be presented in such a manner as to inspire confidence and command respect. We have seen at the last Legislature what can be accomplished when we are really in earnest, and when the voice of the press gives utterance to a strong public sentiment, demanding its rights. We have seen the great Stephen before our august Governor, humbly pleading for the political life of his friend, who in an evil hour run against a Verdi, forgetting, green as he seemed, that back of him was the mountain rock of public opinion. We have seen a health bill, intended to bind us hand and foot, torn to atoms, because our legislators were made to believe that behind it lurked deceit and treachery. The press is just what you choose to make it—strong or weak, courageous or cowardly; and the people will judge of you by its utterances. *You* make the press. Its life depends upon you. It is your spirit which animates it; it is your voice which speaks through it. If you wish for triumph, the triumph, as you believe, of truth; if you wish to place your surgeons and your physicians where they are so well worthy to stand—in the army, in the navy, in the great public hospitals of the nation—speak out earnestly, and with no faint tone; not with the weak and wailing cry of infancy, but with the strength and nerve of manhood. Make the press what it should be—what it must be if you succeed—the vehicle of ripe thought, of rich experience, laden with the wealth of minds who know how to think and work, and who are in earnest in their great battle for truth, for God, and humanity."

"The Surgical Hospital" found an eloquent advocate in the popular registrar of the college, Dr. Dowling. With a face pale from excessive toil, and a body wasted almost to shadowy thinness, he presented in terse and vigorous language the wants and importance of the new institution.

It was now in the small hours of the morning, yet still the guests lingered, waiting to hear the response to the closing toast, "Woman." Who could do it justice? Whose tongue eloquent enough to present a fitting picture of such a theme? Slowly from amidst a bevy of beautiful women, who had clustered around him as if to shut him out from the throng, arose the graceful form of our old friend Carmichael. We strove for a moment to transfer to paper the glowing periods, but at last threw down our pencil in despair, and gave ourselves up to the luxury of the moment. Surely, the man who could so feelingly portray the beauties of such a subject has only remained a bachelor from a stern sense of duty—the fear, alas! of breaking hearts which had been stirred to their lowest depths by his silvery tongue, and the witching voice which had so often sung "Love's Young Dream." Slowly the guests departed, and the hundred and nineteenth anniversary of Hahnemann was numbered with the past.

Obituary.

Peter Allen, M. D., F. R. C. S. Edinburgh, died in London, Jan. 1874, in his forty-ninth year. He was principally known to the profession in this country through his contributions to the department of Aural Surgery.

Dr. August Hermann, Senior Surgeon to the Hospital in Trayne and Professor of Surgery in the University, died of hydrophobia Jan. 7th.

Dr. Francis Hoy died recently in Columbus, at the age of one hundred and three years and fifty-nine days, having been born in Bavaria in 1770.

Translations

FOR THE MEDICAL UNION, FROM FOREIGN JOURNALS.

THE CLINICAL IMPORTANCE OF DISEASES OF THE NASO-PHARYNGEAL SPACE.

ABSTRACT OF PAPER BY PROF. VON TRÖLTSCH.

The diseases of the naso-pharyngeal space are not only of interest and importance to the specialist, but also for every practical physician. The naso-pharyngeal space belongs to the organs of respiration, consequently diseased conditions of that part excite disturbances of respiration, which are the most marked when occurring in suckling babies, as they breathe through the nose when nursing and asleep. Even when the babe sleeps with its mouth open it breathes through the nose, as was first observed by Kussmaul. It presses the tongue upwards, and if the nose is obstructed by mucous, or swelling of the mucous membrane, it commences to cry, refuses the breast, and may become emaciated in consequence of a nasal catarrh.

The nose should be cleansed by syringing it with milk, or salt and water, and an oiled feather be passed into the nostrils, that it may be made to sneeze.

In later years the dangers are not so great; but the respiration is not so deep, and if the thorax is not fully developed, it will be somewhat retarded in its growth. As soon as the catarrh is removed, the general nutrition and appearance of the patient will improve in a striking manner. The lungs may become impaired, so that their action is inadequate—as, for example, in ascending mountains—and asthmatic attacks may occur. Æsthetically, also, the disease is not without significance, as the afflicted patient, by constantly holding the mouth open, acquires a stupid expression. The voice loses its resonance.

This disease has still another bearing upon the lungs. The nasal cavity, with its large partition surfaces, is a natural respirator and protecting filter for the lungs. The deprivation of the sense of smell is a loss of a watchman over our own health, and also over that of others. If this sense be wanting, noxious things can no longer be avoided; hence, this faculty is an important one for the physician.

Frequently, inflammations and ulcerations of the nose excite erythema or erysipelas upon the face, which generally commence at the inner angle of the eye, although sometimes they spread from the nasal opening. If treatment be directed to the nasal cavity, then all relapses of the erysipelas cease. Its causes are undoubtedly disturbances of the circulation.

It is generally well known that diseases of the nose are often transmitted to the ear. Among the aural affections which are sequences of retro-nasal catarrh, I will only mention one. Many patients complain of hearing poorly while at their meals, which does not happen only when they are chewing their food. Lucae supposed this to arise from a negative Valsalvaian attempt at inflation. Von Tröltsch did not coincide with this theory. In swallowing, a double muscular action upon the eustachian tubes takes place. The tensor palati acts as a dilator of the tube, and the levator palati tends to constrict the openings of the tubes. If the action of the levator muscle be frequently repeated, and the mucous membrane be swollen and covered with mucous, it may become glued together, and occlusion take place. There are many reasons why great succulency of the mucous membrane of the naso-pharyngeal cavity may arise when dining. The heated room, the partaking of spirituous drinks, and the animated conversation, each play their part as factors. A local elevation of the temperature may also occur from the motion of the jaws while eating. The elevation of temperature has, indeed, great influence here. Patients generally say that so long as there are crackling sounds in the ear, their hearing is still good; but these gradually lessen, and finally, entirely disappear. The swallowing of cold water under these circumstances produces a wonderful effect. It must also be remembered that erectile tissue lies in the vicinity of the tube.

The examination of the naso-pharyngeal space may be made either by a digital exploration or with a dilator.

The former is performed by passing the forefinger into the mouth to the posterior pharyngeal wall, and waiting until the soft palate relaxes itself; then the entire upper part of the throat may be felt. This method is worthy of recommendation. In examining the nares, a dilator is used, and for this purpose Kramer's ear speculum answers very well. The instrument devised by Fränkel, of Berlin, is also very suitable.

The treatment consists in—

1. By means of a pulverizer, in bringing powdered medicaments upon the diseased membrane.
2. By applying a sponge, which is kept continually moistened with the medicine by means of a syringe.
3. In the application of caustics, with a caustic holder, which is curved conformably to the anatomical arrangement of the throat.

A New Epidemic.—A Naples correspondent writes that a new epidemic has appeared in that city. It is described as a spasmodic, intermittent fever in the outset, lapsing afterward into a continuous fever, only to recur in its intermittent type. It is accompanied with inflammation of the spleen and brain. There is also a comotose stupor, succeeded by what appears to be a recovery to health. The following day, however, the patient is attacked again, sinks into a coma, and dies.

Scientific Gleanings.

PLANTS AS DOCTORS.—In addition to the pleasure that may be derived from horticulture, the sanitary value of flowers and plants is a feature of the subject so important as to call for special mention. It was known many years ago that ozone is one of the forms in which oxygen exists in the air, and that it possesses extraordinary powers as an oxident, disinfectant, and deodorizer.

Now, one of the most important of late discoveries in chemistry is that made by Professor Manegazza, of Paris, to the effect that ozone is generated in immense quantities by all plants and flowers possessing green leaves and aromatic odors. Hyacinth, mignonette, heliotrope, lemon, mint, lavender, narcissus, cherry, laurel, and the like, all throw off ozone largely on exposure to the sun's rays; and so powerful is this great atmospheric purifier, that it is the belief of chemists that whole districts can be redeemed from the deadly malaria which now infests them by simply covering them with aromatic vegetation. The bearing of this upon flower culture in our large cities is also important.

Experiments have proved that the air of cities contains less ozone than that of the surrounding country, and the thickly inhabited parts of cities less than the more sparsely built, or than the parks and open squares. Plants and flowers and green trees can alone restore the balance; so that every little flower-pot is not merely a thing of beauty, while it lasts, but has a direct and beneficial influence upon the health of the neighborhood in which it is found. Surely, it is a beautiful provision of nature, that something which is at once the most dainty of occupations and most delightful of amusements, should be intimately bound up with the solution of problems so important as the health of our cities and the redemption of fever-infected districts in the country.

TO PREPARE A MUSTARD PLASTER.—Mix the mustard with the white of an egg, instead of water. The result will be a plaster which will "draw" perfectly well, but will not produce a blister, even upon the skin of an infant, no matter how long it is allowed to remain upon the part.

BROMIDE OF POTASH IN GONORRHŒA.—This remedy has been used with the most marked success in increasing doses, from half a drachm to eighty grains daily.

VIBURNUM OPULUS IN DYSMENORRHŒA.—Dr. E. M. Hale recommends this drug as most efficient in some cases of neuralgic and spasmodic Dysmenorrhœa.

The annual consumption of tea throughout the world is stated at 250,000,000 pounds, and of coffee 718,000,000 pounds.

Condensed News Items.

An old man in England, at the age of eighty-seven, cut six new teeth, which he described as "sharp as lancets."

A Leipsic bookseller calculates that 361,000,000 copies of Luther's translation of the Bible have been printed up to the present time.

The temperance ladies of East Dedham, Mass., frightened a saloon-keeper named Simpson into fatal apoplexy. Verdict of the ladies, "a visitation."

The Sanitarium, a private institution for the treatment of insane and nervous patients, has recently been established in Cincinnati, Ohio. Profs. Beckwith and Hunt are at its head.

A surgeon in British India reports that the oil of a tree called the "gur jum," has proved a sure cure for every case of leprosy which has came under his care.

A few weeks ago, when the flood in the Mississippi was at its height, the width of that river, from Cairo all the way to the Gulf, was said to be not less than forty miles.

In Salt Lake City, recently, a Mormon named James Wilson publicly announced that he would kill any man Brigham Young didn't like if ordered by the Prophet to do so.

A coffee plant, said to produce a berry in every respect similar to the coffee of commerce, abounds in certain parts of California. Is there anything that famed State does not produce?

One night, recently, the signal station on the top of Mount Washington reported a north-west gale blowing at the rate of 140 miles an hour. This is probably the highest force ever attained by the wind in New England.

The steamer Tigress, fitted up and sent by Government in search of Capt. Hall's Polar expedition, exploded one of her boilers on the 2d ult., whilst seal-fishing in the Northern Seas. Twenty-two persons were killed by the accident.

Sir James Wylie, late physician to the Czar of Russia, having attentively studied the effects of light as a curative agent in the hospitals of St. Petersburg, states that the number of patients who were cured in rooms properly lighted, was four times those confined in dark rooms.

CREMATION.—A body of scientists in this city are agitating the subject of cremation, as a means of disposing of dead bodies. At a recent meeting, a resolution was offered, pledging each member to provide for the disposal of his body by cremation, after death. The resolution failed to pass, but was not without strong advocates. Col. Henry Bergh is one of the leading spirits in the association.

Publisher's Department.

S. J. ALBRIGHT, Publisher.

Office, 93 Liberty Street, New York.

☞ Mr. George M. Craig is unauthorized to make collections for THE MEDICAL UNION.

The Medical Union

For the current month will, we feel assured, commend itself to members of the medical profession, of whatever school. In the original department will be found marked productions, and names recognized which stand at the head of the science of medicine. More than one of the articles are written with a force and vigor which index not only a ready pen, but that familiar knowledge and comprehension of the matter under discussion which will challenge interest and comment wherever read. The publisher feels a just pride in his contributors; and so long as THE UNION shall be able to retain the service their able pens, it may rest perfectly secure of its position among the foremost medical journals of the day.

Wenck's Pharmacies,

Under the Gilsey House, 1200 Broadway [and parenthetically we may here state that if elegant appointments and beautiful surroundings could make medicine palatable, then were a dose of rhubarb from this establishment equal to a dinner at Delmonico's], and 381 Sixth avenue, have become synonomes for pure, fresh drugs, and for punctilious care in compounding them into physicians' prescriptions. For greater security against possible accident, Mr. Wenck has set apart from his stores distinct apartments, (in no wise connected with the business of the salesrooms), which he uses exclusively for the preparation of prescriptions. This most commendable departure from the usual method pursued in drug store is worthy of general imitation, and one which the public will fully appreciate.

Meteorological April.

The weather record for April exhibits a succession of rain and snow storms, high winds and freezing air. Unless "Old Probabilities" immediately amends his erratic ways, he should be officially cremated, and some one substituted who has a slight regard for "the eternal fitness of things"—who knows the calendar difference between January and April, and can distinguish an icicle from a heliotrope.

The Medical Institute Convention.

The details concerning the June meeting of the Medical Institute Convention, to be held at Niagara Falls, on the 9th of June next, reached us too late for publication in the current number.

A Race of Men Without a Language.

On the island of Borneo has been found a certain race of wild creatures, of which kindred varieties have been discovered in the Philippine Islands, Terra del Fuego, and in South America. They walk, usually, almost erect, on two legs, and in that attitude measure about four feet in height. They construct no habitations, form no families, scarcely associate together, sleep in caves, feed on snakes and vermin, on ants' eggs, and on each other. They cannot be tamed or forced to any labor, and are hunted and shot among the trees like the great gorilla, of which they are a stunted copy. When captured alive one finds with surprise that their uncouth jabbering sounds are like articulate language. They turn up a human face to gaze at their captors, and females show instincts of modesty. In fine, these wretched beings are men and women.

The Geneva Hygienic Institute,

Located on the shores of Seneca Lake, in one of the most healthful and picturesque localities in the country, opens for the reception of guests on the first day of May. Drs. A. B. Smith and A. P. Throop—the former gentleman the founder of the Institute, and the latter a well-known physician of this city—will attend to the sanitary requirements of the guests, whilst those who go merely in search of pleasure and recreation will find every requisite in the way of sports, games, boating, &c., to make the hot Summer days pass pleasantly and agreeably. The proprietor speaks for himself through our advertising columns.

Pond's Extract.

This preparation, which could only have reached its present enviable reputation by indisputable merit, is fast becoming a standard remedy in many cases for which it claims eminence. The proprietors. who have shown a rare liberality in supplying the "Extract" to hospitals and dispensaries, richly deserve the success accorded to them.

Practical Optician.

Mr. J. Rosenbush, No. 2 Astor House, is one of the few practical opticians who unite with excellent mechanism a scientific knowledge of all that pertains to oculism. To those who, like us, are compelled to borrow vision from spectacles, we commend Mr. R., having had ocular demonstration of his ability.

To Parties Not Subscribers.

Non-subscribers who may receive THE UNION, will please, with publisher's compliments, accept it as a modest request for their names as permanent patrons.

BELLEVUE TRAINING SCHOOL FOR NURSES.—Twenty-nine have been admitted into the school during the past year, of which nineteen remain.

THE MEDICAL UNION

A MONTHLY JOURNAL

Of Medicine, Surgery, and the Collateral Sciences.

EDITORS:

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Original Articles.

THE TREATMENT OF TRAUMATIC TETANUS.

BY JOHN C. MINOR, M. D.

The treatment of this formidable disease is generally of the most unsatisfactory kind. Individual experience only confirms the unfavorable prognosis of more extended tests, so that if we trust to the use of the *calabar bean* we will regret not having tried *chloral*; if we rely upon homœopathy we will wish that we had resorted to the opposite treatment; and, in fact, the result of every unsuccessful case leaves us in doubt as to how we shall act when brought again in contact with the disease. Much of this confusion arises from the want of pathological data on which to base a thorough appreciation of the malady. If we consult our authorities we will find that some assert that the disease has no lesions—that it is without any appreciable pathological characteristics; others regard it as, primarily, a blood disease; while others, again, consider it as primarily a local trouble, the peripheral irritation acting upon the central nervous system by what is called reflex action.

It is not my intention to deal with the idiopathic variety of tetanus, nor with the tetanic symptoms which occur in uræmia and the puerperal state, nor with those arising from dentition or intestinal irritation. To clearly appreciate the best methods of treating the traumatic variety of tetanus, will be more than enough to occupy us at present.

Rejecting from our consideration the endless variety of queer and unusual methods of treatment that are occasionally credited with the cure of this disease, and taking only those methods that have been tested largely in public or private practice, and have been published authoritatively, even at the risk of excluding some good remedies we get rid of a good deal of rubbish, and begin to reduce the question of treatment to intelligible proportions. If we omit *curari*, *bromide of potassium*, and the treatment by *cannabis indica* and *opiates*, we are left, in fact. with but three methods of treatment—*chloral*, *calabar bean*, and the division of the nerves. For my own guidance, I have studied and compared these three methods with the hope of being able to discriminate properly between them, so as to give my patients the best chance; but there is so much conflicting testimony that the task is by no means an easy one, nor am I satisfied with the result. And yet, as helping in a measure to place the question of treatment in an orderly shape, and as giving a practical *resumé* of the subject, I propose to consider the application of these three methods, and a few allied remedies, to the treatment of the disease. The first difficulty that meets us, in attempting to institute a comparison between these methods, lies in the well-known fact that the successful cases are much more likely to be published than the unsuccessful ones, and it is safe to allow a large addition to the mortality list on that account in forming our estimate.

Single experiences, as published in medical journals, must either be thrown out entirely from our calculations, or due allowance must be made for the unpublished failures, else we shall find that traumatic tetanus is cured in a large majority of cases, whereas the very reverse of this is true. Thus Professor Laurie, in 1853, (*Glasgow Medical Journal*, vol. 1, p. 353), collected from the clinical records of the Royal Infirmary 50 cases of traumatic tetanus, treated in many different ways. There were 44 deaths and only 6 recoveries. This record was in every respect reliable, and gives a fair estimate of the proportion of cures under the older methods of treatment before *chloral* and the *calabar bean* were used. Of cases previously published, he tabulated 171, in which there were 80 deaths and 91 recoveries —a remarkable contrast, illustrating the difference between consecutive records and single experiences. From what we know of this disease,

we may readily accept the 91 recoveries as authentic; but if we undertake to form a correct estimate we must insist upon it that these 91 recoveries represent a series of at least 758 cases, in which the mortality amounted to 667, and that out of the 667 deaths, only 80 found their way into any public record. There is no escape from this conclusion; in point of fact, the more carefully the evidence is collected, the larger the rate of mortality becomes. Again, the published records frequently contradict themselves. For instance, in "Braithwaite's Retrospect," of July, 1868, we find it stated that "Dr. Watson has now treated 6 cases of tetanus with the *calabar bean*—all successfully." More than a year afterwards, in September, 1869, Dr. Watson published his record of cases—10 in all, with 4 recoveries and 6 deaths.

It must be borne in mind that there are two distinct forms of traumatic tetanus. The rapid or acute form, in which death occurs in a short time, generally from asphyxia; and the progressive form, in which the muscles of deglutition and respiration are not much effected. The latter form of the disease is curable by *chloral*, *calabar bean*, neurotomy, and a variety of other methods. The acute form is generally incurable —invariably so according to some. It is necessary, then, to recognize the acute form, and the description given by Professor Busch, of Bonn, portrays its characteristics in a marked manner. According to this author, where the symptoms become alarming on the first or second day of the attack, where the pulse rises from 90 to 120 beats, and the temperature exceeds 40° C., no hope is left. The intensity of the single attacks, the rapidity with which the convulsions spread from one muscular group to another, are bad omens. When, shortly after the first warnings, the neck gets stiff, the teeth cannot be separated; when, soon after, the convulsions reach the trunk and extremities, and the tonic spasms change into clonic, the patients usually die. On the contrary, there is more chance of recovery when the mobility of the neck is only slightly interfered with; when the difficulty of opening the mouth increases slowly; when to the affections of the muscles of deglutition and mastication either, no general convulsions supervene, or the muscles of the trunk and extremities suffer only at a late period and moderately.

Undoubtedly, the progressive and milder form of traumatic tetanus is the one that figures most largely in the published cases; and, therefore, statistics founded on such a basis must be unreliable so far as they relate to the general question of prognosis. Although I have collected 60 recorded cases in which the *calabar bean* was used, it seems to me, from the internal evidence of the cases themselves, that it is unprofitable to tabulate them. We can arrive at more practical conclusions from a clinical than from a statistical study of the disease; therefore, I select from the published cases only a few which seem to contain the evidence we most need as to the form of the disease, the size and effects of the dose, etc., and these can serve as a text for a general consideration. Two cases reported by Mr. Holthouse ("British Medical Journal," March 6th, 1869) were treated with the extract of *calabar bean*, three grains every two hours. One died and the other recovered. The fatal case, "which was of a more acute character, died on the fourth day of the seizure, notwithstanding he physostigma had been given from the very first accession of the symptoms in grain and a half doses every hour, and the patient was for the greater part of the time fully under its influence." We find here an illustration, then, of what I have already said concerning the different results in the rapid and the progressive forms. But the question arises, "Why cannot one form be cured as well as the other?" We may as well consider this point now, for Mr. Holthouse gives a reason for the failure of *calabar bean* in the acute case, which I believe can be fully met by another method of treatment, provided his conclusions are correct.

With reference to the fatal case, Mr. Holthouse remarks that, with our present knowledge of the pathology of tetanus, a successful issue can scarcely be looked for in those cases in which the peripheral nerves are deeply implicated, unless they can be acted upon simultaneously with the cord. The *calabar bean* diminishes the excitability of the latter and of the motor nerves; but does not affect the sensory nerves; we want a remedy which will act similarly on these, and possibly, *opium*, from its known paralyzing effect on the nerves, might do this.

Admitting this opinion to be correct, a division of the nerves supplying the wounded part, which in this instance was a knee-joint, would have saved the case. We know from the experiments of physiologists that the *calabar bean* acts primarily on the spinal centres of motion, gradually obliterating voluntary power without affecting sensation. It early destroys the power of co-ordination of movements, and soon afterwards the susceptibility of reflex motions.

One-half, then, of the spinal system—the motor half—is under the control of the *calabar bean*. The other half—the sensory—is not influenced by the drug. To be more exact, the chief action of the bean consists in a depression and final annihilation of the excitability of the ganglionic elements of the spinal cord, and its operation especially affects the groups of cells in the anterior horns of the gray matter which conduct impulses from the brain to the periphery, and then attacks also the elements of the gray matter in the posterior horns, which transmit sensations of pain to the brain. By this functional lesion

of the gray matter a complete loss of the motor and reflex activity of the spinal cord is produced, likewise a loss of sensibility to pain; while the sense of touch and the so-called muscular sense, are retained till death.

Now the practical application of this depends on whether we adopt the theory of Billroth, Rose and others, that traumatic tetanus is essentially a blood disease, when the morbid action proceeds from the centre towards the periphery. In that case, the action of the *calabar bean* corresponds so closely to the morbid process, that if the drug fails we have no other resource, except in some more active agent of the same kind. If, on the contrary, we adopt the local origin of tetanus—from peripheral irritation of the nerves—we must not be content with the failure of the *bean* to control the disease.

My own views are positive as to the local origin of the disease, and therefore I am compelled to believe that, while many patients recover from traumatic tetanus under the administration of *calabar bean* none are primarily cured by the drug. They recover because one half of the spinal system is held dormant as it were, so that it is not impressed by the irritation of the other half. It is a case of suspended animation until the violence of the disease is exhausted. It saves from death just as chloroform saves from shock; but it has no action upon the primary focus of irritation. From the peripheral and irritated extremity of the nerve, a constant current of deadly intensity is transmitted towards the centre; but this central recipient of the tetanic action is benumbed by the *calabar bean* so that the force is expended on an intoxicated tissue. Between the morbid action and the drug action there is sufficient space for death to creep in, for one is not completely antagonistic to the other; the sphere of the drug does not entirely fill the avenues of approach, and moreover, because its full effect is fatal. Thus Mr. Bryant, in commenting upon the two cases I have alluded to, narrated a case of his own which proved fatal, not from the tetanus, but from the *calabar bean*. We cannot, however, reject the *calabar bean* as inefficient, for in all probability it has saved a larger proportion of cases than any other single drug, and among the recorded cures are some undoubted examples of the acute form of the disease. But when we rely upon this drug alone, we neglect other means that are, perhaps, even more active, and some that are more rational. Unless the peripheral nerves can be acted upon simultaneously with the cord—unless the sensory nerves can be controlled—unless the transmission of sensations from the periphery to the centre can be stopped, then our chances with acute cases are not encouraging. Such is the conclusion of Mr. Holthouse, and it is, perhaps, entirely correct. How can these conditions be fulfilled? Not by the *calabar bean*, because experimental researches have demonstrated its inability to meet them, and because the necessity of these conditions is recognized clinically when the drug action has been pushed to the utmost extreme. Not by *chloral*, or its analogue, *chloroform*, which are even less efficient in these cases, as we shall presently find, than the *calabar bean*; nor by *opium*, as Mr. Holthouse suggests in his report. The required conditions can be met by division of the irritated nerve, and even then much will depend upon the stage of the disease—the location and nature of the lesion, etc., as we shall consider more particularly further on. This much, however, we may arrive at immediately—that a section of the irritated nerve should be made, if possible, in every severe case of traumatic tetanus, whatever else we may do, because in this way we attack the origin of disease and prevent or diminish the reflex consequences of the lesion. Another method of paralyzing the muscles is by the subcutaneous injection of *curari*.

As compared with *chloral*, the *calabar bean* possesses one positive advantage in producing such a relaxation as to enable the patient to swallow liquid food, and without producing such a loss of consciousness as to make nutrition an impossibility except by artificial means. To support the strength by food and stimulants is a necessity in all cases, and when the patient is narcotised by *chloral*, *opium*, *cannabis indica*, etc., the task is not an easy one to accomplish. In this respect the *calabar bean* is certainly superior to other drugs.

As regards the dose, it is best to use the alcoholic extract in about two grain doses for an adult, repeated every hour, or even every fifteen minutes if necessary, till relaxation occurs, and then in sufficient doses to keep up the effect. Ten grains daily may be enough, in doses several hours apart, to keep the patient under its influence, but in severe cases as much as sixty grains have been given within twenty-four hours.

It may be administered by subcutaneous injections in one-third or one-half of a grain doses; as much as two grains have been given at a dose in this way during the treatment. It is not a remedy to entrust to uneducated hands, but requires constant and intelligent watchfulness over its action. It may cause death either by asphyxia or syncope, and it is necessary when using the drug in large doses, to regard especially its action upon the heart. It is not, however, an unsafe drug, provided the care is bestowed upon the patient which the gravity of the case demands. If the drug is administered by the mouth, it is well to combine it with *rhubarb*, or to use some aperient, so as to prevent its accumulation in the stomach. If given by subcutaneous injection, the addition of *bicarbonate of potash* or *carbonate of soda*, so as to render the solution slightly al-

kaline, is advisable. I have already given a brief account of the mode in which the *calabar bean* acts, and have spoken of *curari* as a drug whose action covers nearly the same ground as the section of the nerves. I cannot give this drug as much notice as it deserves. It was first used by Lavell (1810-12) for the treatment of tetanus in horses, and its first use in men was by Vella in 1859. Its physiological effect is to paralyze the nerves in the muscles so that the electric currents are impeded from reaching the muscles. In tetanus it seems that the peripheric ends of those nerves which supply the muscles most affected are earlier paralyzed by *curari*. During the Bohemian war of 1866, Dr. Busch treated 11 cases with *curari*, 5 of which ended fatally. Demme treated 22 cases, 14 of which died. The mode of administering the drug is by subcutaneous injection, from one-fiftieth to one-thirtieth grain of the pure article every two hours.

This remedy seems to be indicated where section of the nerves is impossible or inexpedient, for the nerves are not considered as proper for section unless the trouble originates in a wound of the extremities; and perhaps there may be, in exceptional cases, other contra-indications for section. As an alternative for section of the nerves it should hold a prominent place in the resources at our command, but we cannot place so much dependence upon its unaided power to control the disease as we may upon the *calabar bean*.

[TO BE CONTINUED.]

SECRETION OF BILE.—Prof. Stricker and M. Roehwig have recently instituted a new series of experiments, with the object of determining the secretion of bile under various circumstances. A canula was introduced into the ductus choledicus, and connected with a vessel by means of an india rubber tube. The experimenters stated that every cause which produced hyperæmia of the hepaic vessels increased the secretions of bile, while anæmia caused a diminution. During fasting, ligature of the portal and hepatic veins stopped the secretion; ligature of the hepatic vein alone, as of the aorta in the situation of the diaphragm, caused only a diminution of bile. Ligature of the ascending vena cava stopped it immediately. All the conditions which favor the contraction of the vessels also diminish the secretion. On the other hand, the secretion increased after meals; it became more normal with the introduction of water into the stomach and intestines; of cathartics, such as croton oil, colocynth, jalap, calomel, epsom salts, and also with ligature of the aorta below the origin of the coeliac artery.

Kentucky requires practitioners to hold a diploma from a duly chartered medical college or from one of the State Board of Examiners.

A LUSUS NATURÆ.

"I was called to see Mrs. R——, in labor, and found her in a good condition. Labor progressed until the head and half the body emerged, when suddenly the child ceased to advance. Upon examination, I detected a fluctuating tumor on the lumbo-sacral region of the child, and at once discharged the contents, after which the patient was soon delivered of an otherwise perfect child. At first sight I supposed it to be a case of spina bifida, but when I introduced my finger into the opening made to open the tumor, I discovered that the spinal column was perfect. After a week I was requested by the parents to extirpate the mass, but refused on account of the danger of almost certain death to the child; but after repeated appeals from them, I consented. Its contents were as follows:

"Attached to the body of the child, with a perfect vascular and nervous connection, I found a foot, leg and thigh. The foot had three toes with nails perfect, and on the thigh was a covering of down. The whole member measured about three and a half inches. In a partially separated state, I found upon the inner surface of the tumor a body, which, under the glass, resembled the placenta; and upon the upper and inner surface of the growth, I found the rudiment of a hand; also, hair about one and a half inches long, covering a space of one inch by one and a half inches. In addition to these, I found three distinct sacs or tumors, which, when opened, discharged a liquid resembling that emitted from the tumor proper; and we may state here that the liquid was, from all appearances, identical with the liquor amnii.

"This we deem a unique case. A living, healthy child, born with a tumor on its back, containing a foot, leg, and thigh; also, the rudiment of a hand and a small placenta, or identical with the placenta in appearance; also, a portion of the surface (inner) coated with hair, and three distinct sacs, which, along with the tumor proper, contained a fluid resembling the liquor amnii. There is nothing about the history of the gestation to aid in accounting for it. I have the specimen in my possession, which I will be pleased to show to any of the brethren."—U. L. HUTLITE, M. D., in *Cleveland Med. and Surg. Journal.*

THE TRUE NATURE OF TANNIC ACID.—Prof. Hugo Schiff, in several interesting experiments, proves that tannic acid bears the same relation to gallic acid that ether does to alcohol. If one molecule of water is removed from two of alcohol, ether is the result. In like manner the removal of one molecule of water from two of gallic acid, leads to the formation of tannic acid, or as the author of the experiments calls it, digallic acid.

SLEEP—DREAMS—DEATH.

BY EGBERT GUERNSEY, M. D.

I.—SLEEP.

Sleep has been called the image of death, and is said to occupy an intermediate state between full waking activity and a complete suspension of all mental action. Between these two points are a gradational series of states, from the light slumber disturbed by a breath, and the profound sleep of exhaustion, in which the mind seems to be perfectly quiescent. In this state of profound insensibility the will power seems suspended; the mind which thinks, the soul which communicates its mandates to the physical form, and through that acts upon mind and matter, is itself held in fetters, which it has apparently no power to break, until the peculiar condition of the brain and its wants, together with those of the entire system, are supplied by this period of rest, during which the material portion of our system regains its equilibrium and its power. Those functions of life over which the will cannot exercise complete control still keep on their even way. The heart beats, the current of life sweeps on in its ceaseless tide of ebb and flow through artery and vein, supplied with the breath of life by the ever expanding and contracting lungs, which never sleep at their post, but work on until all the functions of animal life stop at the touch of death.

"How is sleep induced, and what is the condition of the brain during this period of rest which occupies nearly one-third of our lives?" are questions not merely of curiosity but of real practical use. Either the nervous mass as a whole is quiescent, undisturbed by currents of nervous energy, or currents are still kept up, but at an even, unaltering pace. The latter conclusion seems the most plausible, and is more distinctly borne out by facts. The nervous system is seldom allowed to fall into entire somnolence, but however profound the slumber, the mind still seems to retain waking impressions, and is to a certain extent under their influence even in sleep. A person even very much fatigued, who has previously accustomed himself to that self discipline, will fall into a deep and sound slumber, and yet wake up promptly at a time specified in his waking moments, notwithstanding he might have slumbered for hours had it not been for this act of the will. A gentleman, who in the prosecution of his business is obliged to travel constantly, taking the train at all hours, and catching his sleep when and where he can get it, informs me he never has any trouble, however much fatigued he may be, in waking at any specified time. Even without this strong exercise of the will power, the brain, however profoundly quiescent, is keenly alive to certain sounds, however oblivious it may be to others. The physician hears the first tap of his night-bell, though he might sleep on undisturbed while a band of music was playing in front of his windows, or the roar of the thunder or the crash of artillery was making the windows rattle and the bed tremble beneath him. The mother starts from her deep slumber at the first cry of her child, her ear quickly catching, however profound may be her sleep, almost its altered breathing. It is said of a young man, a midshipman, wishing to commend himself to the commander, spent eighteen hours out of the twenty-four in watching and recording the signals, only retiring to rest when utterly exhausted. Then his slumber was so profound that the loudest noise would produce no impression, but simply whisper in his ear the word "signal," and in an instant he was on his feet, wide awake and ready for duty. We are all familiar with a kind of waking sleep, in which a perfect stillness or some monotonous sound lulls us into a kind of semi-unconsciousness. Any disturbing element may rouse up the currents of nerve force into full activity, but without them, consciousness gradually disappears, according as the nerve currents are unvaried in their degree, until sleep, more or less profound, is produced.

Facts such as we have stated are in favor of a certain low degree of nerve action as existing under every variety of state, from the light sleep to the most profound. On this hypothesis, when all the currents of the brain are equally balanced and continue at the same pitch, when no one is commencing, increasing, or abating, consciousness or feeling is null and mind is quiescent. A disturbance of this state of things wakens up the consciousness for a time; the variety or stimula in the waking state forbidding this perfect equilibrium from being attained.

In nearly all stages of sleep, except the most profound, it is evident the mind does not entirely lose its susceptibility of external impressions. The whistling of the wind or running water will start a dream of a tempest or a voyage upon the water. Every physician is familiar with the ease with which persons can usually be wakened by simply standing by their side and looking at them for a moment. The mind of the sleeper seems to receive upon its sensitive organization that subtle influence emanating from a living form and an active will, which like the most delicate vibration, is still sufficient to disturb the equilibrium of the nerve forces.

During sleep we have reason to believe, from careful physiological investigations, there is a diminished activity of blood passing through the brain, the circulation of the red globules being withdrawn from the inner portion and coursing along through its meninges. Some physiologists believe that any cause which has a tendency to diminish the circulation of blood in the brain induces sleep, while others, with less reason, it seems to us, believe that this condition of the

brain is the effect rather than the cause of sleep. In the experiments made by Mr. Darwin upon a dog, from which he removed, while under chloroform, a portion of the skull, so as to expose the cortical layer of the cerebrum, it was observed that as the effects of the chloroform passed off and the animal sank into a natural sleep, the surface of the brain which had been previously turgid with blood, and inclined to rise into the opening through the bone, became pale and sank below its level. On the animal being roused after a time, a blush seemed to start over the surface of the brain, which again rose into the opening through the bone. As the animal was more and more excited, the brain substance became more and more turgid with blood, numerous vessels which were invisible during sleep being now conspicuous, and those before visible being greatly distended. After a short time the animal was fed, and when it again sank into repose, these vessels contracted again and the surface of the brain became pale as before.

Dr. T. Hughlings Jackson succeeded with the opthalmoscope in making several examinations of the retina during profound sleep, and he found in every case it was paler and its arteries more contracted than in the waking state. The retina being regarded as a link or off shoot of the optic ganglion, with which it corresponds in structure, would, of course, present pretty accurately the condition of the circulation there and in the general corticle structures of the brain. These experiments of Mr. Jackson are more important, because here no disturbance of the circulation was produced by operative interference, as in the case of Mr. Durham. By watching the head of an infant when asleep and awake, we are convinced that in sleep there is a diminished circulation of blood in the brain. When awake and active we can distinctly feel the brain substance swelling up through the fontanelle, while in sleep it is more quiet and very materially depressed.

Dr. Fleming states as the result of several experiments, which any one has the power of verifying for himself, that a state closely resembling profound sleep may be induced with great certainty by simply compressing the carotid artery in the neck. Dr. Dickson denies this statement, and says that pressure simply decreasing the flow of blood through an artery never produces sleep, but a sense of sinking and unconsciousness. If the pressure also affect the nerve with the artery, there will be some laryngeal irritation and dyspnœa. The vein being included, stupor and coma will be induced, preceded by dimness of vision and vertigo. But this position of Dr. Dickson does not seem to us to militate against the argument of sleep being produced by a diminished blood supply to the brain. On the contrary, the most careful and thorough investigation seems to bear out the conclusion of Mr. Charles H. Moore, in his excellent article, "On Going to Sleep," that the state of sleep is essentially dependent on a reduction of the enormous blood supply, which is essential to the functional activity of the brain, and that the reduction is affected by the control which the vaso-motor system of nerves has over the calibre of the arteries. This important division of the sympathetic, which is distributed on the walls of the arteries and regulates the supply of blood to differents parts by its action on their calibre, seems to have for its centre the medulla oblongata, from which also proceed certain nerve fibres, included in the trunk of the pneumogastric, which probably regulate the movements of the heart in accordance with respiratory action. The will exerts no motive power through the sympathetic system, but the muscular actions of the heart and the arteries are decidedly affected by emotional states. Thus emotional excitement may quicken the action of the heart, and a sudden shock so reduce it as to produce fainting, or in fact even paralyze it. We have a familiar illustration in the phenomena of blushing. of the action of the emotions through the vaso-motor system of nerves upon the blood vessels, contracting or dilating them, increasing or diminishing the current of blood, so that the face turns red or pale, or perhaps changes from one to the other. In those glands which are the most affected by mental states, such as the lachrymal, the salivary and the mammary, it is by the influence of these nerves determining the calibre of the arteries that the quantity of the secretion is regulated—as in the sudden flow of tears, of saliva, or of milk. Thus the moderate excitement of either joy or grief may bring a gush of tears to the eyes, but there comes at times a grief so deep, a sorrow so profound, that the glands are paralyzed in their action. There is something terrible in that grief which seals the fountain of tears and locks up the emotions in fetters of ice. How often have we felt, as we looked upon the dry eyes and the silent stony face, over which no wave of emotion sweeps, that if tears did not come they would die; and with the first gush of tears we have felt that the terrible tension had given way.

Strong emotions may also suspend the salivary secretions. In India this fact is often used in detecting a thief among the servants; each being required to hold in the mouth some rice, the thief being detected by the dryness of his mouthful.

We have seen that in sleep there is simply a quiescence of the nerve currents, more or less complete as the sleep is more or less profound. The soul never sleeps, never loses its power of activity. The semblance of death, in the silent, motionless form, is for the body only—not for the soul, which ever moves on its tireless round. Interwoven, diffused through, and interlaced, as it is, with the material form, it can only speak and

act through its medium. The material form, unlike the spiritual, tires in its work, and must have periods of activity and rest. Sleep is a positive necessity. It is a period of recuperation, during which there is a restoration of what has suffered collapse, waste, or disturbance during the period of waking activity. The tired brain and the aching muscles regain, by rest, strength and the power to obey the mandates of the will. The demands of the material form for rest are so great as often to defy the action of the mind. During the cholera summer of 1849, while practising in the country, so constant and fatiguing were my professional labors, that I have often ridden for miles on horseback sound asleep. Almost every physician in active practice during periods of epidemics, when his strength was taxed to the utmost, has dropped into a sleep, as I have done many times, while walking the street. During the battle of the Nile many of the boys engaged in handing ammunition fell asleep even while the roar of the battle was going on around them. It is said in the retreat to Corunna whole battalions of infantry slept while in rapid march. Even the most acute bodily sufferings are not always sufficient to prevent sleep. The worn-out frame of the victim of the inquisition has yielded to its influence in the pause of his tortures upon the rack, and for a moment he has forgotten his sufferings. The Indian burned at the stake, in the interval between the preliminary torture and the lighting of the fire, has sweetly slumbered, and been only aroused by the flame which was to consume him curling around him.

A Chinese merchant, convicted of murdering his wife, was sentenced to die by being deprived of sleep. A guard was placed over him to prevent slumber. At the commencement of the eighth day he begged for death, in any way, as the greatest boon they could grant him; but no, the fearful sentence of the law must be carried out, and he lingered on till the nineteenth day in agony such as no human tongue can describe. The wretch, guilty of some fearful crime, finds even sleep a torture; hence, filled with the spectre of his guilt, it brings no rest to his troubled soul. We have seen that sleep is a demand of nature, which requires this period of rest to nourish and recuperate the strength of the material form, the waste being replenished more rapidly in the quiet of healthy slumber than in waking activity. In addition to fatigue producing a desire to sleep, any cause which has a tendency to diminish the supply of blood to the brain produces a like result. Heat, if the action is powerful enough and sufficiently prolonged, produces drowsiness, the blood flowing in increased proportion to the extremities and the surface, leaving the brain with a diminished supply. Cold, if it is intense or the reduction of temperature is sudden, produces stupor rather than sleep, the blood vessels in the surface of the body contracting, and the blood accumulating in the internal organs. The current of blood moves more and more slowly until it finally becomes stagnant, and the drowsiness is followed by a stupor which, unless relief is obtained, speedily ends in death. Debility is accompanied, unless attended with pain, by a great desire to sleep; hence, in old age, or in persons suffering from wasting and exhausting disease, there is a greater desire to slumber than when the body is in full and vigorous health.

The silence and darkness of night predisposes to sleep, or the quiet and stillness of a room where there is no external cause to excite the mind or disturb the nerve currents. A monotonous sound, like the sighing of the wind, the murmuring of flowing waters, or the drowsy intonations of a public speaker, lulls the mind into a dreamy languor—the border-land of sleep. How often do we see on a warm day a whole congregation asleep under the soporific influences of heat and the drowsy intonations of the speaker. The mother quiets the cries of her child and soothes it to rest by her lullaby. Slowly the cries cease, the restless form becomes still, the lids close, and the little one drops off into dream-land, while a smile of content and happiness brightens its face almost with celestial radiance. The soothing influence of some kind or loving hand pressed upon the fevered brow or passed over the form is familiar to all. Call it human magnetism, the power of a stronger will, or what you please, the fact exists that there are times when the nerve currents are soothed and quited by the gentle touch of a human hand. The magnetism of the physician, intent upon his great work, and whose heart throbs with human sympathy, often does more for his patients than his drugs. The physician should be, not only by his skill, but by his very temperament and the careful discipline of his mind, a minister of healing.

In the use of drugs it is important to understand the difference between sleep and stupor, and here the peculiar manner and the careful way in which our school study the action of drugs upon the animal economy is of great practical use to us in obtaining their remedial action.

Stupor never occurs in the healthy individual, while sleep is a necessity of life. From the one he is easily roused, from the other with more difficulty, and if the stupor is profound it is impossible to awaken him. Pressure upon the brain from effused serum, from a clot, or from any other cause, congestion of its blood vessels or the circulation of poisoned blood through its substance, may produce stupor and rapidly end in death, but the stupor is as unlike sleep as light is from darkness. No agent more distinctly points out the difference between sleep and stupor, and none more beautifully illustrates our homœopathic law of cure than *opium*. A small dose

increases the activity of the cerebral circulation by acting as a gentle stimulant. A larger dose lessens the amount of blood in the brain and induces sleep. A very large dose may diminish the power of the whole nervous system, and thus by partly paralyzing the function of respiration allow the unoxygenated blood to sweep on through the vessels of the brain, producing stupor, coma, and as the nervous system comes more fully under its influence, a cessation of all vital action. Who has not in the sick room, as he saw in the eye, in the face, in the respiration, that the poison of the disease was paralyzing the nervous system, turned with hope and confidence to *opium*, feeling that here he had an agent which might rouse up the slumbering energies of nature? And then again, in those severe forms of congestive headache, where the agony is so intense as almost to drive the patient wild, a still larger dose diminishes the supply of blood which is whirling wildly through the brain, and thereby soothes to gentle slumber.

Sleep has rightly been called life's great restorer. All nature feels its influence, and renews its strength and freshness under its magic power. The birds fold their wings and hush their notes as the darkness of night spreads over the earth, only to carol forth a more joyous song with the morning's light. The flowers bend their heads, gathering their petals more closely, only to unfold with a richer fragrance and a brighter beauty as the warmth of the sun touches them, drawing up in its golden buckets the diamonds sparkling in their bosom, which have crystalized there during the stillness of the night. To man himself it is like the ladder which Jacob saw in his dream ascending from earth to heaven, on which passed and re-passed the shining ministers of light, carrying upward his hopes and aspirations, and bringing down the strength and harmonies of the great celestial fountain of life.

Excision of the Larynx.—The total extirpation of the larynx was performed by Prof. Billroth, of Vienna, December 3, 1873, for the first time. After the operation the man still possessed the power of communicating his wants in a whisper. Subsequently a metalic larynx, provided with vibrating reeds, was fitted to the upper convex surface of the tracheotomy tube, and the man can congratulate himself that if his voice is a trifle monotonous in pitch, it is by no means unimpaired in tone.

There is a woman living in Pencader Hundred, New Castle county, Delaware, who has been married twenty-four years, and who last week gave birth to her twenty-third child; which makes her record one child per year since her marriage.

CLINICAL LARYNGOSCOPY.

BY E. J. WHITNEY, M. D.,
Laryngoscopist to the Brooklyn Homœopathic Dispensary, Physician to the Brooklyn Homœopathic Hospital, etc.

Case I., Subacute Laryngitis.—Mrs. C., aet 42, who applied at my clinic for relief, presented the following history: About six weeks before, she contracted a severe "cold," accompanied with hoarseness, and at times considerable difficulty in respiration. These attacks of dyspnœa, which were brought on by exertion, gave the sensation of impending suffocation. A laryngoscopic examination found the surface of the epiglottis congested and the superior border thickened. Vocal cords of a deep red color, and the ventricular bands somewhat œdematious. Applied a weak solution of *argentum nit*, and gave internally *belladonna* 3.

January 3. Much improved from the treatment. She states that immediate relief followed the topical application. Can now speak audibly, and has had no further attacks of dyspnœa.

January 10. Voice almost completely restored. Complains only of a feeling of dryness, but without pain. The voice, although quite audible, is still a little harsh and rough. So far, but one application (locally) has been made, and the amelioration of the symptoms has been remarkably rapid.

Case II., Syphilitic Laryngitis.—John A., æt. 22, (colored). From this patient it was learned that, about a year ago, he had a small chancre on the glans penis, followed by a bubo in the right inguinal region, which in time broke and discharged. The forehead has three cicatrices, and he presented other evidences of cutaneous disease, for which he has been under treatment. Inspection of the fauces reveals congestion and thickening of the soft parts without ulceration. By the mirror, the epiglottis is seen to be ulcerated and partially destroyed from above downward in the median line; the lateral portions are congested and œdematous; ary-epiglottic and inter-arytenoid folds not affected. Ventricular bands swollen, so as to obscure the vocal cords, and general sub-mucous infiltration of the interior of the larynx, with great consequent narrowing of its calibre is observed. Respiration produces a whistling sound, and is very much impeded. Voice reduced to a faint whisper. Patient complains of great pain, as well as difficulty in swallowing. Solids are swallowed more easily than fluids. Pulse weak and quick; expression of countenance anxious and distressed, *mercurius protiod.*

February 2. No improvement; infiltration of the parts increasing; cough stridulous and expectoration profuse; voice still aphonic. *Arsenicum* 3, and *nitric acid* 3, ordered, also repeated inhalations of the tincture *benzoin comp.*

February 4. But little improvement in respira-

tion; the cough is constant and very distressing; the difficulty in swallowing has been so great that he is afraid to eat or drink for fear of choking; pulse feeble. *Potassium iodide*, gr. 5, three times a day. The patient's condition was so alarming that he was sent to the Brooklyn Homœopathic Hospital, where he was placed under the care of the House Physician, with instructions to notify me in case the respiration became so impeded as to render tracheotomy necessary. Improvement at once commenced and continued through the remainder of the month and during March. The dyspnœa diminished steadily, and the voice became stronger and more natural in tone until the early part of April, when he was discharged. At that time a final laryngoscopic examination was made, when the epiglottis was found to be almost totally destroyed, but the ulcerated surface entirely cicatrized. The intra-laryngeal engorgement had subsided, and except a small papilloma on the left ventricular band, nothing abnormal was to be seen. During the subsequent treatment no topical applications were made, nor was any other remedy given, except the *iodide of potassium*. Of the action of this drug in tertiary conditions, accompanied by ulceration, I cannot speak too highly. In my own hands it has always been certain in its action, and in more than one desperate case has brought relief when it seemed almost hopeless to expect it. If given at all, it should be exhibited in doses from 5-10 grs. three times a day.

Case III., Chronic Follicular Pharyngitis.—Josephine B., aet. 23. This patient states that she has been suffering during the last four months with "throat trouble." The pharynx was found to be studded with enlarged follicles; the surrounding mucous membrane was highly congested, and its epithelial layer denuded. The whole surface of the pharynx was covered with tenacious mucous, which was with difficulty removed; parts bleed easily; great pain and difficulty in swallowing; at times liquids are returned through the nose; is much debilitated; she has a good appetite, and longs for food, but swallowing is attended with such pain that fasting is preferable to eating; has been under Allopathic treatment most of the time, with little or no benefit. *Mercurius beniodide*, and after cleaning the secretion from the parts, applied a solution of *hydrastic cann* and *glycerine*.

March 18. Patient reports herself better; pharynx has an improved appearance; secretion diminished in quantity and less tenacious; a small, round, superficial ulcer is seen on the right pillar; soft palate and pivula relaxed and congested. Continued remedies.

March 20. Much improved; the follicular by pertrophy diminished and secretion less; she can now swallow with comparative ease; continued remedies.

March 23. Continued improvement; the parts now present a clean appearance; very little secretion of mucous, and that easily detached; no pain in swallowing. Discharged.

Remarks.—The *proto-iodide* and the *biniodide of mercury* are of great therapeutic value where there is hypertrophy of mucous glandulæ, with or without inflammatory action, and accompanied with hyper-secretion. They are indicated when the sensation of burning and pain in swallowing is felt. The pharynx, tonsils and uvula are red and congested. Excessive secretion of mucous in the throat, difficult to detach, which causes retching. Accumulation of mucous in the morning.

Case IV. Maria M., aet. 23. *Paralysis of the abductor (crico-arytenoideus posticus) muscle of the left vocal cord.* This patient, who was sent to me by my friend, Dr. T. C. Fanning, states that about six months previous she noticed a slight alteration in her voice, and at the same time shortness of breath when ascending stairs or from rapid walking. The first symptom has not increased, but the dyspnœa became so distressing as to cause her to apply for relief to the Long Island College Dispensary. Here, under the enlightened and comprehensive wisdom of that institution, she was treated for some months with negative results, and was finally informed that her dyspnœa depended upon tuberculous deposit in her lungs, and that she would never be any better. She applied to the Brooklyn Homœopathic Dispensary, March 16th, of the present year. From a cursory examination she appears to be a healthy, well-nourished young woman; she has had no cough, night sweats, pain about the chest, nor has she ever had a hemorrhage from the lungs. Her general health, with the exception of her present trouble, has always been excellent. From a laryngoscopic examination, it was seen that the left vocal cord was paralyzed, with a central fixture, owing to the preponderating tension of the unaffected muscles. This condition of the part, diminishing the calibre of the larynx just one half, of course at once explained the nature of the difficulty in respiration, and at the same time accounted for so slight an alteration in the tone of voice. The paresis is complete, and the parts rigid and immovable; *conium mac.*, 3.

March 20. Somewhat improved. Continued treatment.

March 27. Continued improvement; voice slightly altered; breathing better. Same treatment.

April 8. She improves slowly; voice still husky; shortness of breath steadily diminishing; renewed the remedy.

April 22. From last date there has been no improvement, and the case appears to be at a "stand still;" applied galvanic current within the larynx,

directly to the paralyzed vocal cord, using for this purpose Mackenzie's electrode. After several applications, of not more than three or four seconds duration, slightly increased action of the affected part was observed.

May 4. Patient reports herself better, and as the power of the paralyzed muscle appears to be slowly increasing, no further application of the electricity was made. Patient still under treatment.

Remarks.—There is undoubtedly no remedy which has proved of greater service in nervo-muscular affections of the larynx, than the application of electricity, and in cases of hysterical aphonia, the voice, which has been lost for years, is often instantly restored from a single application of the galvanic current. Therapeutics, as a rule, exert but little influence, except in those cases connected with some recognized dyscrasia. Atomized inhalations of an astringent or mildly stimulating nature, may often be used with great benefit. One other plan of treatment may be found beneficial in recent cases, or where the alteration of the voice varies but slightly from the natural tone. This plan consists in requiring the patient to pronounce quickly and forcibly the different vowels and diphthongs, followed in time by prolonged monosyllables, of varying pitch and length. By a faithful continuance of these exercises, it is claimed that good results have been attained, even in cases of very long standing.

DIABETES TREATED SUCCESSFULLY BY FARADIZATION OF THE PNEUMOGASTRIC.

BY JOHN BUTLER, M. D.

Some time ago in reading Cl. Bernard's account of his experiments on animals, (*Leçons de Physiologie Experimentale*) I was forcibly struck with the results he gave of faradization of the pneumogastric nerve in dogs. He says that every case he so operated on, produced a temporary diabetes. Thinking that this fact might be turned to account in practice, I at once determined to apply it to the following cases:

G. L., aet. 28, a native of England. Had been under a Homœopathic physician's care for some time in his native town; applied to me soon after his arrival to this country; I found him emaciated, skin dry, temperature slightly elevated, pulse higher than normal; had his urine tested by a specialist; specific gravity, 1030, sugar in considerable quantity; gave *nitrate of uranium* in various dilutions steadily for a month without any appreciable benefit; then, considering that I had given this remedy a fair trial, I concluded to faradize the pneumogastric, which I did by placing the negative electrode on one side of the pharynx and the positive on the pit of the stomach, using a current barely appreciable and with *slow* intermissions. Giving the patient a rest between every few intermissions, I continued this treatment for about two weeks, not daily, as I intended, but as often as I could get the patient to come to my office, and had the urine tested again, when to my surprise, I found the glucose had decreased two-thirds; and after another month I dismissed the patient entirely well. I have seen him frequently since, and once tested his urine, and did not find the slightest trace of sugar.

Case II.—A. P., aet. 33; real estate agent. September 25, 1873, urine tested; specific gravity 1028; sugar, mucous and phosphates in excess; I gave this patient no drugs, but applied the same treatment as described above for about a month, testing his urine after every few sittings, and had the gratification of finding the quantity of sugar decrease from time to time, until I finally dismissed him cured. I have had his urine twice since tested by Dr. Stiles, House Physician of the Brooklyn Homœopathic Hospital, who found no sugar; specific gravity normal. These, I regret, are the only two cases of diabetes that I have had under my care since reading the work above mentioned.

I found the pneumogastric nerves in these patients less sensitive to the current than is the case in health. Duchenne, in speaking of faradization of the pneumogastric, (*Localized Electrization*, p. 104) says—"The procedure is not always free from danger. I need only recall the important organs that are subject to the pneumogastrics in order to impress upon my brethren the need of great caution in similar researches. The following accident occurred in my practice, and may serve as a warning to others. Whilst moving a rheophore over the lateral and superior parts of the pharynx with a current of rapid intermissions, but moderate intensity, the patient fell suddenly into syncope. When restored, he said he experienced a sense of suffocation and an indefinable sensation. Since then having faradised the pneumogastric many times, at the same height, with one intermission per second and with a very moderate current, the same accident has not occurred, but the præcordial sensation has been felt every time." I can add my humble testimony to the above, having had the same accident occur in faradizing the pharynx, but in the above related cases even the præcordial sensation was absent.

THE NEW YORK HOSPITAL.—The Governors of this hospital have obtained, by purchase, the old Thorne mansion in West Tenth Street, and intend to use the house for officers and for the library and museum of the hospital. It is proposed to erect a building in the rear to serve as a reception hospital.

ABSCESS OF THE PROSTRATE GLAND.*

BY F. E. DOUGHTY, M. D.

Suppuration of the prostrate gland may be the result of either an acute or chronic form of inflammation. In the first case, owing to neglect, bad treatment, or a debilitated condition of the system, or these combined, the inflammatory action, instead of terminating in resolution, or decreasing gradually and assuming the chronic form, runs rapidly on to the production of pus—thus forming an acute abscess. If the abscess, on the other hand, is due to chronic inflammation, it may arise in several ways. 1. An acute abscess having formed and opened, the walls, instead of healing in the usual way, may become the site of chronic suppurative inflammation. 2. An acute attack of inflammation may run its course without the production of pus, leaving the parts in a feeble and crippled condition, so that they are unable to throw off the morbid influence, and the disease continues under a chronic form, which eventually, after long persistence, terminates in an abscess. 3. The inflammation may be chronic from the first, producing an abscess as in the second case, only it is not preceded by an acute attack. 4. The prostrate may be the site of tubercular deposit, which gradually softens and breaks down, thus forming an abscess, just as we find in the lungs from the same cause. 5. A calculus of the prostate may, by its presence, irritate and excite suppurative inflammation in the delicate membrane which lines the cavity in which it lies; the pus thus secreted gradually accumulates, pushing back the tissue, and thus an abscess results. Lastly, they may be found in malignant growths within the prostate, especially in connection with calculi.

As to the size and number of these collections, great diversity obtains. In the acute form, generally only one, of corresponding large size, is found—the gland being, to a greater or less extent, destroyed, so that the urethra may traverse a hollow gland, the fibrous capsule of the prostate forming the wall of the abscess. Or, as in the chronic form especially, there may be a great number, of very small size, formed by the dilation of one or several crypts, each separate and distinct; or the crypt wall breaking, two or more may unite.

Symptoms.—When the evidences of acute prostatitis have existed without any diminution for six or seven days, and the difficulty and pain of micturition and defecation increases, if rigors occur, and the patient is very restless and feverish, complaining of great tension and a sense of pulsation at the neck of the bladder, and in the perinæum, suppuration may be suspected. Positive evidence is to be sought, however, in a physical examination. As a rectal examination under these circumstances is excessively painful, the operation should be conducted with all gentleness and care, carrying the finger well up, so that the real condition may be fully learned once and for all. The prostate will be found more or less soft and elastic, instead of firm and hard, as it was before; its size will also be increased; frequently fullness and tenderness will be observed in the perinæum.

The usual course of these abscesses is spontaneous evacution by the urethra and this not unfrequently occurs as the result of passing a catheter at this time, which is rendered necessary by the retention of urine due to the swelling. Or the abscess may point and discharge into the rectum, which is, perhaps, quite as favorable, though it may be followed by troublesome urethro-rectal fistula, but this is not always, or even generally so. If it opens into the urethra, and the walls of the abscess should not granulate and heal in the usual way, urine will gain admission to the sac, giving rise to fresh collections of pus around, as the result of inflammation so produced. Extravasation is rarely to be feared, as the surrounding parts are thickened and protected by plastic exudation. Very rarely do these abscesses break into the peritoneal cavity, or on the surface of the perinæum.

Treatment.—If we are not positive in our diagnosis, or as to the exact locality of the purulent collection, we had better leave the case to nature, making use in the meantime of remedies and such local treatment (fomentations, etc.) as may be necessary. Should there be no doubt in the case, however, the proper treatment is to make a free incision in the perinæum and evacuate the pus by this route; or, if it seems to point more toward the urethra, a catheter or sound may be passed till its point is in the prostatic portion of the urethra, and the finger in the rectum forces the gland against the point of the instrument—and it is thus evacuated.

The diagnosis of chronic abscesses during life is by no means always easy. It may generally, however, be recognized by rectal examination. If a case presents such a history as to cause suspicion of an abscess, and in making a rectal examination a fluctuating tumor is found in the prostate, no doubt can exist as to its nature. The proper course would be to introdue a grooved sound into the urethra and a speculum into the rectum, and make an incision into the part. Thus you may evacuate the pus without opening the urethra; and even if this did occur, as it frequently has, it does not result in fistula. These abscesses rarely necessitate perineal incision, and generally, the less urethreal interference the better: the treatment being addressed to the system generally, which will need careful attention. Should the abscess be due to a calculus, then a cure cannot be effected till it is removed.

* Part of paper read before N. Y. Hom. County Society.

Translations

FOR THE MEDICAL UNION, FROM FOREIGN JOURNALS.

THE INFLUENCE OF ERYSIPELAS ON SYPHILIS.

Dr. Charles Mauriac has made a clinical study of a number of cases which demonstrate the favorable influence exercised upon the cutaneous manifestations of syphilis and intercurrent erysipelas.

The following are the conclusions arrived at:

1. In a case of syphilis where the consecutive mucous and cutaneous symptoms are not complicated by malignancy or cachexia, the occurrence of an erysipelas with febrile reaction should be regarded as a favorable event.

2. Under the double influence of the general febrile reaction and the local inflammation which characterizes acute erysipelas, the syphilitic lesions of the skin and mucous membranes are rapidly healed.

3. General medication and local treatment, whether isolated or combined, administered under the most favorable conditions and according to the best methods, are unable to produce in so short a time such remarkable curative effects on syphilis as results from an attack of erysipelas.

4. In less than a week an erysipelas can dissipate indurated syphilitic œdemas resulting from a plastic infiltration diffused throughout the subcutaneous cellular tissue, can melt down nodular growths and cicatrize ulcers of syphilitic origin.

5. This curative influence of erysipelas is exercised simultaneously upon all these lesions, whatever may be their distance from the region where the local manifestation of the erysipelatous attack originates.

6. In the curative property of erysipelas two modes of action must be distinguished which correspond to the two processes whose association constitutes true febrile erysipelas; a local mode of action which is substitutive, and a general mode of action which restores the organic plasticity vitiated by the constitutional malady.

7. The curative influence is not only manifested upon the local lesions of syphilis; the general condition affected more or less by the constitutional malady, is improved with remarkable rapidity.

8. Unfortunately, the preventive influence of erysipelas upon the remoter consequences of syphilis cannot be compared with its curative action upon the lesions which exist at the time of the erysipelatous attack. Some days after recovery new syphilitic manifestations may appear, probably, however, with less intensity than at first.

9. Other acute diseases, inflammatory or febrile, may exercise a curative action upon syphilitic lesions analagous to that of erysipelas, but to a less degree.

10. The danger of a fatal termination, aside from the special nature of the erysipelas, depends upon the malignancy of the syphilitic lesions or upon the profoundness of the cachectic state into which the system has been thrown by syphilis. These conditions paralyze the curative effect of erysipelas, which should then be regarded as an unfavorable complication.

11. The curative action of erysipelas upon the phagedenic process depends principally upon the local modifications produced in the phenomena of ulceration and in the nutrition of the parts attacked. It is especially a substitutive action.

12. The curative action of erysipelas in the serious manifestations of scrofula, such as lupus and other cutaneous affections, constitutional and chronic, occurs also from the local and general action of the acute disease, and is produced in the same manner as in syphilis—*Etude Clinique sur l'Influence de l'Erysipèlas dans la Syphilis, par le Docteur Charles Mauriac, Médecin de l'Hôspital du Midi*, 1873.

INVESTIGATIONS IN REGARD TO TUBERCULOSIS.

Translations extracted from a series of papers by Dr. Birch-Hirschfeld, of Dresden.

The tubercle may be regarded like carcinoma and sarcoma, as a new formation *sui generis;* it may be considered as the product of a special, general, or local diathesis, as it is conceded that the real nature of this diathesis of the tissues is as yet wholly unknown. As observations have been made concerning carcinoma and other new formations which favor the opinion that irritating processes, especially of a traumatic nature, may be the procatarxis for the development of tumors, so similar predisponent causes, when a tendency to the disease already exists, may induce tuberculosis. Irritation is oftener observed as a predisponent cause of tuberculosis than of other growths. Tuberculosis is regarded by the majority of recent investigators as holding an intimate relation to inflammation. This theory, however, may be accepted from different points of view. Rindfleisch embraces the theory of a specific tuberculous inflammation. He thinks it possible that a portion of the tuberculous process may occur as the local manifestation of a general infection. But in other cases he regards local tuberculosis as an inflammation that is modified by a peculiar condition of the tissue.

While an irritation may induce in one person a simple inflammation only, in another it may excite a peculiar process which will have certain histological peculiarities, and be particularly characterized by its tendency to extend itself in the continuity and by the way of the lymph and blood vessels; and the circumscribed metastases of this inflammation are miliary tubercles. If every tuberculous deposit may not be regarded

from this view, as the manifestation of a local infection, yet on the other hand, every inflammation which is considered as tuberculous in nature may be regarded as a nucleus of infectious matter, which under favorable conditions will infect the whole organism, and in some cases, other healthy persons. These views, which rest upon histological investigations, are corroborated by experiments made upon animals.

Buhl also accepts the theory of "tuberculous inflammation." According to his view, miliary tuberculosis is a disease resulting from specific infection and absorption; the primary process being the formation of cheesy masses, which are the results of previous simple inflammation. If the conditions are favorable for the absorption of these cheesy masses (if they are not encapsuled) their ingredents are taken into the general circulation, and there arises a general infection, manifesting itself in miliary tubercles. And if the theory be accepted that bacteria p'ay a part in this process, which has been recently advanced by Buhl, the infectious matter may be considered as a specific "cheesy fermentation" induced by the bacteria.

Tuberculous inflammation, however, is regarded by Buhl as different from miliary tuberculosis. He designates cheesy desquamative pneumonia as such, because tubercles are found in the retrograding cheesy cell infiltrations. Tuberculous pneumonia arises from a peculiar state of the system, and not from any infectious irritation; and tuberculous inflammation may be defined as such which not only occasionally, but from its peculiar nature produces from necessity tuberculous lymph simultaneously with the appearance of the inflammation, and which remains restricted to the particular tissue which is inflamed.

It is well known that chronic inflammation in general, especially when accompanied by circumscribed cell growth, possesses a great tendency to the formation of tubercle. From our observations, we feel tempted to regard the tendency to chronic inflammation, instead of a specific tuberculous diathesis, as the predisponent cause to tuberculosis.

That certain organs present a greater tendency to this complication than others, is not to be wondered at when we consider analogous conditions in other pathological processes. It is also quite comprehensible that the extension and result of the inflammatory process essentially depends upon whether the organ involved be cuticular or parenchymatous, or whether its vascular supply be richly or poorly developed.

If we advance a step further, we know that in chronic inflammation accompanied with rich cellular growth there exists a tendency on the one hand to the development of necrotic processes, whose products, according to Buhl, are cheesy masses; and on the other hand, that the tissue-making processes are of an atonic nature. In this manner there is accumulated in the affected organ a larger or smaller mass of the simple dead products of retrograde metamorphosis, and elements arise, which although not fully dead, yet no longer possess the functions of forming healthy tissue. The result is, that in the place of the healthy granulating tissue of acute inflammation, there appears one which from the beginning has a tendency to decay. In this way the supposition is reached, that perhaps the tubercle represents nothing but a new tissue formation, which ranks between the granulating tissue and simple necrosis. It may easily be supposed that the products of the retrograding metamorphosis may be taken up by the protoplasm of the cells yet living, and that the tissue-making cells, impregnated with necrotic masses, may be tubercles, and these again become the vehicle for the propagation of the disease. Then, in chronic inflammation the amount of tubercles deposited would depend principally upon whether necrosis or the formation of healthy granulating tissue predominates. If the tubercle be regarded similar to degenerating granular tissue, it may be cited that an analogue to the transformation of granulating tissue into a cicatrix occurs, when under certain circumstances a tubercle becomes a fibrous nodule. And, it may be supposed further, that the gigantic tubercle cells may arise from a profuse absorption of the granular degenerated products of the cells yet living.

It seems uncontrovertible that the latest investigations do not gainsay the supposition that tuberculosis is a secondary product of inflamed tissue growth, and it may be accepted as proven that the development of tubercle follows inflammation more generally, and at a much earlier period than it seemed from earlier observations. The query arises, "what aid does the recent investigations afford us in treatment?" From the wide prevalence of local tuberculous inflammation, and as we know from experience, that scrofulous affections appertain greatly to tuberculosis, we should make it a rule to consider them carefully in forming a prognosis and marking out a line of treatment. Hüter has recently shown especially that the knife should be used more for the removal of scrofulous glands than has previously been the case.

A very important statement for forming a diagnosis is contained in Buhl's treatise. If a microscopical examination of the sputa reveals the commencement of a dangerous affection of the lungs, at a period when it cannot be detected by percussion and auscultation, and if it renders impossible the confounding of desquamative pneumonia and croupous inflammation of the lung — a mistake which would be of great moment in making a prognosis; then the examination should

be more frequently made than has hitherto been the case. An important fact of great weight to the practitioner, is the statement of Buhl, that simple catarrhal affections of the air passages and croupous pneumonia, occurring in people not already predisposed, never lead to tuberculous inflammation. The important question arises as to the possibility of the contagious transmission of the disease.

Most important and practical consequences link themselves with the asserted connection between the murrain in cattle and tuberculosis in man. If the relation be confirmed by further experiments, the consumption of the meat of cattle affected with murrain, as is now generally permitted, must be prevented by appropriate laws. The feeding of children with milk, particularly when raw, should especially be carefully considered, and perhaps an agent may be discovered here which will explain the frequency of scrofula, and the greater mortality of children in the larger cities. At present this question is a matter of scientific interest only, and remains to be corroborated by further investigation.

A RARE PHYSIOLOGICAL EXPERIMENT.

Dr. Brandt, Professor of Surgery in Klausenburg, has placed on record, in the *Wiener Medizinische Wochenschrift*, a case in which removal of the sound kidney took place in the human subject. A healthy man, aged 25, was stabbed in the left hypochondrium. Hemorrhage to the amount of three or four ounces followed; and about three hours after the accident, a fleshy-looking tumor was expelled through the wound by a fit of coughing, attended with severe pain. It was replaced by a bystander, but was soon again driven out by the cough. On his admission into hospital, twenty-four hours after the injury, Dr. Brandt, after a careful examination of the protrusion (of which a careful description is given,) arrived at the conclusion that it was the left kidney. Its surface, with the ureter, was torn in some parts, and allowed the escape of a fluid, at first yellowish and transparent, but afterwards sometimes reddish and sometimes turbid yellow. It had an alkaline reaction, a specific gravity of 1,042 to 1,052, containing a large quantity of albumen and mucin, with some hæmoglobin, traces of urea, and an abundance of alkalies and alkaline earths. It gave a sediment, which on microscopic examination was found to consist of pus and blood-corpuscles, masses of nuclei, mucus-fibrils and fibrinous clots; also epithelium of the kind belonging to the calyces and pelvis of the kidneys. Dr. Brandt arrived at the conclusion that the organ was rendered useless, that its retention endangered life, and that it would be best to remove it. The previous history of the patient did not contra-indicate this; he had had no severe illness, and, though the urine in the bladder contained some urine, this might be derived from the injured organ. Accordingly, on the fourth day of the injury—a photograph of the patient having been first taken—Dr. Brandt tied the pedicle of the tumor in two parts, by means of a ligature passed through the middle, and cut it away with a knife. This operation was done on June 7th, and on the 23d the patient left the hospital convalescent. No symptoms of uræmia or of peritonitis occurred during the progress of the case. The urine was throughout acid, of specific gravity of 1,010 to 1,040, and of normal composition; at first it was of a reddish-yellow color, but afterwards became clear yellow. Dr. Brandt has seen the man several times since the operation. He has no signs of disease of the heart, but complains of a sense of oppression and fatigue, especially in going up-stairs, and says he cannot work as well as before.—*Exchange.*

A YOUNG married woman residing at Salon, in the department of Bouches du Rhone, France, died shortly after her confinement in August last. The medical man, who was hastily summoned when her illness assumed a dangerous form, certified her death, and recommended immediate burial in consequence of the intense heat then prevailing, and six hours afterward the body was interred. A few days since, the husband having resolved to remarry, the mother of his late wife desired to have her daughter's remains removed to her native town, Marseilles. When the vault was opened a horrible sight presented itself. The corpse lay in the middle of the vault, with dishevelled hair and the linen torn to pieces. It evidently had been gnawed in her agony by the unfortunate victim. The shock which the dreadful spectacle caused to the mother has been so that fears are entertained for her reason, if not for her life.—*Exchange.*

NEW RESEARCHES ON INFLAMMATION.—Prof. Gonheim expresses the opinion that the essence of inflammation is not to be found in either the dilation of the vessels, in the increased rapidity of the flow of blood, or in the subsequent contraction of the vessels; but in some local changes in the walls of the vessels of the affected part. What this change is, however, he is unable to say, as he has not succeeded in finding any structural alteration.

SKIN GRAFTING IN INDOLENT ULCERS.—Dr. Alfred C. Girard, U. S. A., reports to the *Philadelphia Medical Times* the complete cure of an indolent ulcer of three inches diameter, within seven days, by the application of three skin grafts, the size of millet seeds, to its surface; a modification of the ulcerative process being perceptible in six hours.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

EARTH OR FIRE.

In all ages of the world, among every race and nation, has existed the idea of immortality—a life beyond this, an existence to which this is but the entrance. In the earlier periods the disposition of the body after death was associated in the mind with the thought of the future. The belief was strongly rooted in the mind that the shades of the unburied wandered restlessly about, without gaiaing admittance into Hades; so that non-burial came to be considered the most deplorable calamity that could befall one, and the discharge of this last service a most holy duty. This obligation was not restricted to relations merely, but was performed towards strangers also; and if one happened to meet with an unburied corpse, he at any rate observed the form of throwing earth thrice upon it. Burial is, undoubtedly, the earliest disposition of the dead we have on record, as the old examples of Abraham and the patriarchs are sufficient to illustrate, to say nothing of the tradition that Adam was buried near Damascus or Mount Calvary.

The practice of burning was also of great antiquity and of great extent. Homer gives us in his grand and stately hexameters, descriptions of the obsequies of Patroclus and Achilles, and somewhat earlier in the Theban war, the combustion of Menecens and Archemonis, cotemporary with Jair, the eighth Judge of Israel. We read also of the funeral pyre of Hector before the gates of Troy, and know that this practice prevailed among the minor countries of Asia. As far down as the reign of Julian, the King of Chionia burnt the body of his son and interred the ashes in a silver urn. The practice in those early periods extended far West, and was most in use, not only among the Herculeans, Getes, and Thracians, but among the Celts, Sarmatians, Germans, Gauls, Danes, Swedes and Norwegians, among all of whom we find traces in the buried urns in Tumuli and Mounds of the existence of this practice, no less than in tradition and the records of history. Among the Romans both cremation and burial were in practice, some preferring one and some the other.

Some apprehended a purifying virtue in fire, refining the grosser commixture and fining out the ethereal particles so deeply immersed in it. The Indian Brachmans thought it the noblest way to end their days in fire, believing in this way they made themselves immortal. The Chaldeans, the great idolaters of fire, abhorred the burning of their bodies as a pollution of that deity. The Persian Magi declined it on like scruples, and exposed their flesh to the prey of birds and dogs. The Egyptians were afraid of fire, not as a deity, but a devouring element, mercilessly consuming their bodies and leaving too little of them; and therefore they sought to preserve them by embalming and depositing them in dry earth or handsome enclosures of glass.

The Scythians, who swore by wind and sword—that is, by life and death—were so far from burning their bodies that they denied all interment and made their graves in the air; and the Icthyophagi, or fish-eating nations, about Egypt, made their graves in the sea. The old Baliarians used great urns and much wood, but no fire, in their burials. They bruised the flesh and bones of the dead, crowding them into urns, and heaped large quantities of wood upon them. The Jewish nation generally buried their dead, although they sometimes admitted the practice of burning. Among Christian nations burial has been almost the exclusive practice.

In the world of mind, as in matter, there seems to be a constant tendency to a return to ancient forms. The old ideas which had given place to modern thought are constantly reappearing upon the stage, to be themselves crowded off perhaps in a few generations by something more practical and better adapted to the wants of the times. Where shall we place this mortal body when the soul which animated and filled it with its life has taken its departure? Shall we burn it, gathering together the ashes in an urn as a sacred memento, or bury it from our sight in the earth? This is a

question which has come up for discussion within the past few years, and is now strongly agitating the public mind.

We find, in passing back into its original elements a large portion of the animal body is resolved into carbonic acid, water, and ammonia, gaseous in form, and passing off into the atmosphere, while the mineral constituents, more or less oxidized elements of the earth's structure, lime, phosphorus, magnesia, iron, sulphur, etc., remain where the body lies until dissolved and washed into the earth by rain. The gaseous forms, mingling with the atmosphere, are taken up at once by the ever open mouths of vegetable life. By a thousand pores in every leaf the carbonic acid is absorbed, the carbon being separated and assimilated to form the vegetable fibre of wood. Thus, there is no such thing as death, but life keeps on its endless rounds in ever-varying and ever-changing forms. The tear which falls to-day from the eye of grief may to-morrow add a richer glow to the tint of the rose or the perfume of the violet. Thus the even balance is kept, the living absorbing as nutriment what once formed a part of vegetable and human forms, and the endless cycle ever sweeping on its ceaseless rounds.

It is claimed that the slow decomposition of the dead by the exhalation of noxious gases and poisoning the water which filters through the soil, endangers the health of the living. However true this may be in the vicinity of large cities, where the dead are crowded into the cemeteries by thousands until the number beneath the silent streets and the green mounds often exceed those in the city of the living, it can hardly hold true in the more sparsely settled regions of the country. The earth itself is perhaps the finest and strongest disinfectant we have, absorbing and changing the character of decomposing animal matter, and unless it is over-crowded, rendering it innoxious. It accomplishes slowly what it is proposed to produce by cremation in a much shorter time. In the former the process often takes years, and as the advocates of cremation say, is sometimes attended with danger to the living. In the latter the process of decomposition, resolving the dead body into its original elements, is rapid, safe, and not unpleasant The gases can be driven off without offensive odors, and before night will have become absorbed by vegetable life, while the mineral constituents will remain in the form of ashes, to be deposited, if the friends wish, in an urn as a sacred memorial of those who have passed away. The whole process of decomposition, instead of lasting months, as it does in the ground, may be accomplished by the process of cremation in one hour.

The idea of burning the body is evidently taking a strong hold of the public mind. Already appropriations for furnaces have been made in many of the large cities of Europe, and at the last session of our own Legislature, a cremation society was chartered, composed of some of the best names in the city.

In this country we presume it will resolve itself into a matter of taste, as we do not imagine the sanitary argument, however strong it may be in Europe, crowded with its population, will here have much force.

Some, involuntarily, notwithstanding they know that the soul at death has left the body, that it contains no part of themselves, shrink from the thoughts of the cold, dark, damp grave, of the festering corruption going on there, of the worms creeping in and out through what was once the home of the affections, the casement of the living soul. They would prefer that the body should be rapidly decomposed by fire, while others would choose the slower decomposition in the bosom of the earth. Both are proper, but we imagine in coming years the advocates of cremation will be rapidly on the increase.

Eloquent Extracts.—We occasionally, in looking over our exchanges, light upon some exceedingly brilliant gems of thought; and were it not that they sometimes lose part of their lustre in being taken from their original setting, we should be glad to transfer them to our pages. The following extract, however, from a recent lecture of Prof. Lewis A. Sayre, published in No. 201 of the *Medical Record*, is so profound in its wisdom and so full of beauty that we cannot refrain from the temptation of culling it for the edification of our readers. In speaking of fracture, he says: "Extension should not be made beyond the point of securing accuracy of adjustment, for extension carried beyond that point is abnormal, and the tendency of the muscles is to rebel at once." It is said the class was almost struck dumb by this profound observation, and the Professor, having uttered this grand and original idea, fell back exhausted into the arms of his attendants.

SEX IN EDUCATION.

Dr. Edward Clark, formerly a Professor in Harvard College, has recently published a small volume under the above title, which contains a somewhat startling description of the baneful effects produced upon female health by an excessive educational strain. He says the number of females, graduates of schools and colleges, who have been personally disabled to a greater or less degree by improper methods of study, and by a disregard of the reproductive apparatus and its functions, are so great as to excite the greatest alarm, and demand the serious attention of the community. He thinks it requires no prophet's eye to foresee that if these causes continue for the next fifty years in the same ratio as for the past half century, the wives who are to be the mothers of the Republic must be drawn from trans-Atlantic homes, and that the sons of the New World will have to react on a magnificent scale the old story of unwived Rome and the Sabines.

Dr. Maudsley, in a learned essay, follows out the same line of thought, and advances physiological reasons why the education of the sexes should not be on the same plane. The excessive strain on the nervous system by close confinement and hard study tells fearfully, he thinks, upon the reproductive system and the proper development of the physical form. Nature is thwarted in its action, and both the mind and body fail to reach the ideal of a complete and perfect womanhood. The woman thus educated with erroneous ideas of life and the requirements of her sex, is apt to rebel at becoming a mother, and even if she has the instinct for nursing her child, fails in the capacity. With a mind turned aside from its true sphere, she is perpetually struggling after the impracticable and grasping at the phantoms of the imagination.

With all due deference to these distinguished scientists, it seems to us that their theories are not fully substantiated by facts; that they are the theories of the student rather than of the close and practical observer.

What is the object of education in both sexes? To acquire, as we understand, that practical information and discipline of the mind which will develop the strength and harmony of their natures, and those graces and accomplishments which add so much to the enjoyment of life and the health of the individual. The blooded Arabian courser, fleet as the wind, with a beauty of form, a grace of movement, unsurpassed, and an intelligence almost human, requires the same food as the coarser animal, which has more strength, but neither her grace, her beauty, or her fleetness. The delicate flower and the flaunting weed grow side by side, drawing their strength from the same soil and the same atmosphere, and yet how different their development and their uses. The man cannot turn himself into a woman, nor the woman into a man by any course of study they may pursue. Deep in the very structure of the soul God has stamped their separate natures, the peculiarities of which a healthy education will only develop into greater strength and beauty. That there are defects in the education of both sexes we freely admit and greatly deplore, and yet we believe those defects are being rapidly remedied. Physical education now goes hand-in-hand with mental, one strengthening and supporting the other. Whatever may be the defects in the general system of female education, they are quite as glaring in the male, and quite as many men have come out of college with broken-down constitutions as females. In the education of both there is a lack of thoroughness and a desire to crowd too much work and too many studies into too small a space of time. There is a disposition to make what should only be the entrance to that education, which ought to go on through life, the beginning and the end.

The argument that a woman's peculiar organization unfits her for the harder studies and the more profound and intricate field of scientific investigation, we do not believe. The peculiarities of her organization are not the result of disease, and therefore in fulfilling their functions they are simply obeying a natural law of health; and this should be done without any particular disturbance of nervous organization. Of course there are certain hygienic laws peculiar to the female sex which every enlightened mother should understand and rigidly enforce. We do not believe that even hard study, if combined with sufficient physical development and healthy recreation, unfits a woman for her peculiar sphere of duty. In our experience it has not been the most carefully and thoroughly educated who have repined at becoming mothers, or who have most lacked the capacity of nursing their children, or who have failed to perform the duties of wife and mother. Those, on the contrary, whose mental and physical education have been neglected, who have lived in an artificial atmosphere, whose mental

growth has been stunted by the whirl of dissipation and a ceaseless round of amusements, who have *finished* their education and boldly assumed the duties and responsibilities of married life while still in their teens, find too often in broken health and minds which have no healthy growth to sustain them, that they have indeed plucked the apples of Sodom, and in the boys or *roûs* whom they have married neither mental or physical strength to sustain them.

In mental and nervous capacity women are quite the equal of men. Who has not seen the mother watching night after night and day after day by her child, refusing to close her eyes or even leave its couch, bearing an amount of fatigue and strain upon her nervous energies which but few men could endure? What man could endure an agony comparable to that which a woman often bears, almost without a groan, in bringing her child into the world, and from which she rallies quickly and without after-unpleasant result. The fineness of her nervous organization enables her to bear a strain which man, with his grosser mental structure could not endure.

There is, then, in woman no lack of mental or nervous endurance, and nothing in the higher walks of literature and science which should incapacitate her for the duties of wife and mother. As we have said, God has infused into her soul the instincts of her sex, and those are only strengthened and deepened by a healthy education. Why then should man, in his pride and self-assurance, arrogate to himself a wisdom superior to the Almighty, and say to her ambition and her eager soul reaching out after truth—"Stand back, nor dare enter the more secret and sublime recesses of Nature. Thou art a woman, and we, the lords of creation, not the Almighty, have pronounced the edict, thus far shalt thou go, but no farther."

Has the distinguished English essayist forgotten Mary Somerville, who, to one of the most profound minds for scientific investigation in the kingdom, united the loving sweetness and tenderness of the mother, the wife, and the true woman? And in our country what names throng the memory, of women ripe in scholarship, profound in science, and yet who have sacrificed none of their womanly sweetness nor failed in any of the duties of their sex.

Why will not this question of woman's fitness or unfitness for certain professions or certain walks in life, if left to the sound and healthy rule of demand and supply, settle itself? Why shall we not throw wide open the gates of our colleges, the avenues of the learned professions and of skilled labor, for women to enter freely and compete for their prizes? They, like every one else, would soon find their level, and in our profession would fill certain places more acceptably than ourselves.

There is much in which a woman, with her finer instincts and more delicate organization, can excel where our sex are more liable to fail. We mean in that careful and judicious nursing, based on real scientific knowledge, and that delicate attention to the comfort of the sick which often facilitates recovery more rapidly than the mere administration of drugs. While in our literary colleges we see no objection to both sexes competing side by side—although we believe separate institutions wiser—in medical colleges we think certain departments of study should be taught separately, not only from the peculiar nature of some of the studies, but also that the instruction may be more thorough and complete in those departments, where, owing to the peculiarities of sex, each would be the most likely to succeed.

From Breslau, Germany.

The following extracts are taken from a private letter written to one of the editors of THE UNION, by a young gentleman pursuing his medical studies in Germany:

BRESLAU, Germany.

* * * The first thing for a man to do when he desires to accomplish a purpose, is to lay a foundation; and that foundation here in Germany, is the language. French I know thoroughly—of German very little; and my brief residence in Vienna taught me that one could learn that language about as easily in New York as in the former city. There are about fifty American physicians in Vienna, and between these and the German students there has sprung up quite a jealousy. The consequence is, that the Americans form a society to themselves, and by so doing may possibly improve their "Anglo," but certainly not their "Saxon." They manage to glean a little out of the lectures, but I think not a great deal—that is, those who were untaught in the language before their arrival. And so I came to Breslau, where I learned there were no Americans, and where surgery, gynæcology and microscopy were excellent. In Vienna surgery is almost a cipher. Billroth speaks in a very low tone, his assistants sometimes almost hide him from view, and one learns nothing. Private lessons in operative surgery may be had from assistants; but altogether, as a school for surgery I give to New York the decided preference. * * * The Hospital here contains fifteen hundred beds; and there is besides a Lying-in Asylum and a very fine Gynæcological Hospital, with which is connected Professor Speigleburg, who has the reputation of standing at the head of European gynæcologists, and far in advance of any one in Bonn or Vienna. So much for the hospitals.

Professor Fisher (surgery) in his clinic calls one of the students as a case is brought in, and after asking his opinion goes into a diferential diagnosis of all the various possibilities, in such a manner as to make a lasting impression upon the mind of the listener. His material is abundant, and the class comparatively small. Dr. Maas is his assistant, and enjoys the entire confidence of his superior.

Breslau is a city of two hundred and twenty thousand inhabitants, located in Silesia. It draws a large number of invalids from Poland (which is deficient in hospitals), and from the surrounding country. Here, when the poor are overtaken by sickness, they almost invariably make the hospital their temporary home. * * * J. C.A.

Transactions of Societies.

THE REORGANIZATION OF THE COUNTY SOCIETY.

At the special meeting of the N. Y. Homœopathic Medical Society, March 18th, the committee, consisting of Drs. John C. Minor, T. F. Allen, and F. E. Doughty, made the following report:

"At the last meeting of the Society, your committee was instructed to consult with the representatives of the Hahnemann Academy of Medicine, with reference to a proposition looking to the union of that and all other Homœopathic societies in this city in one common society—the County Society. So far as the limited time permitted, we have canvassed the question, and find no decided opposition to it; and that it meets with a very general approval. In making our report, we consider that the proposition merits a more extended explanation than it has yet received; and we therefore ask your attention to some of its main features—and this is the more necessary because the success of the plan will involve an alteration in the Constitution and By-Laws of the Society.

"The proposition, which gave rise to the appointment of this committee, contemplates the organization of all Homœopathic physicians into one active society, whose interests shall be so broad as to include every department of medical research, and, by the concentration of a variety of interests, bring into its active membership the entire body of Homœopathic physicians in this city. Underlying this is the moving principle of the proposition, namely: the reorganization of the County Society so that it shall be the rallying point for all Homœopaths, the bond of union which shall hold us all together in the strength of an undivided interest for the advancement of Homœopathy, and for the attainment of our legal rights as physicians.

"The repeated defeats which we have suffered as a school from our opponents, have not been brought upon us as Homœopaths but as individuals. Our school has been divided into small sects, with no harmony of action, each working at cross-purposes with every other one. And whenever any movement has been undertaken for the attainment or possession of that public and official recognition which is our legal right, it has miserably failed; not because our cause was bad, not because our claim was unjust, not because our practice was not able to bear us triumphantly through the severest tests, but simply from the fact that we were wanting in one essential element of success—an efficient organization.

"The difficulty has been that all these undertakings have begun at the wrong end. A few of the profession initiate a movement, and then call on the rest to support their claim. They move first and organize afterwards. Only a half-hearted support is given, because, as there has been no preliminary consultation, there can be no wide-spread confidence. Some regard it with disfavor, because it appears to emanate from a certain set or clique to which they do not belong, and whom they will not trust; others give no support because they have not been asked; and thus, one reason or another, perhaps of the most trivial character, operates within our school to nullify the sincerest efforts for the advancement of a common cause. On probing to the very bottom for a practical reason for the why we are not represented in the public hospitals, in the police force and health department, and in the medical staff of the army and navy, we can never lay the blame on Homœopathy, but must find it in the personal prejudices of our school, in the personal character of all our undertakings, in the absence of mutual confidence; in one word, we fail because we lack an efficient organization.

"To supply this want is one of the main features of this proposition. We propose such a reorganization of the Society as will draw within it the physicians of all classes and varieties of opinion who can agree on the one cardinal point, '*Similia Similibus Curantur.*' To promote the active working of all the members, we would hold out to every member of the Society such a variety of work that there would be something for each one to do. We would seek to organize the whole profession into an active society, with every incentive for individual work, and so controlled as to bring all this force into available shape, so that the products of its intellectual labor shall be preserved in permanence, and the collective influence of its members be always ready and efficient for the advancement of Homœopathic interests. What then is this proposition, and how shall it be expressed? Feeling the importance of unanimous co-operation, and the necessity of careful thought and consultation in the matter, we are unwilling to have our own opinion taken as the only guide, and yet for the purpose of directing the attention of the members to some of the practical questions for mutual consultation, we put the proposition in the following shape:

"1.—The Society shall be divided into sections, each section representing some special department of medical research or interest. Thus the study and cultivation of materia medica, clinical medicine, surgery, obstetrics and gynæcology, diseases of the ear and throat, opthalmology, pathology, medical literature, &c., &c., shall each be the special object and title of a separate section.

"2.—Each section shall be a permanent organization, electing its own officers, framing its own by-laws, determining, collecting and disbursing

its own funds and dues, and having such control of books, pamphlets, manuscripts, instruments and specimens, purchased with its own funds or given by its own members, as shall be necessary for the practical working of the section, provided that no sectional privilege conflicts with the constitution and by-laws of the Society.

"3.—The executive officers of each section shall appoint one of their number, who shall be a member of the executive committee of the County Society.

"4.—Every member of the County Society may choose which of the sections he may desire to join, and it shall be his privilege, as a member of the County Society, to join any or all of the sections on the payment of the sectional dues, and by a conformance to the sectional regulations. But no one who is not a member of the County Society shall be eligible for membership in a section.

"5.—At each regular meeting of the County Society, a paper whose subject shall be previously announced, shall be read from one of the sections, and an opportunity be given for its discussion; and also for the relation of clinical cases and other matters of scientific interest.

"6.—At the call of the President of the County Society for an extraordinary meeting of the Society, it shall be the duty of every member to attend. Such meetings shall never be called except for the purpose of consultation and united action with reference to matters of general interest to the members, and such meetings shall take precedence of every sectional meeting and every sectional interest.

"7.—The County Society shall be the owner and custodian of all the property in the shape of literature, instruments and specimens collected by the sections, subject to the provisions of the Constitution and By-Laws.

"It only remains to consider this last clause in its bearings upon the future interests of the sections.

"The past history of Homœopathic societies in this city is such as to lead us to doubt the permanence of any organization except the County Society. The Hahnemann Academy of Medicine is, without doubt, the strongest now existing, if it is not indeed the only one in existence, and yet it once became extinct, and has undergone at least one resurrection. All the other societies established from time to time have been short-lived, because they depended upon the exertions of a few individuals for their vitality; and when the working members relaxed their efforts, stagnation and death ensued. The books, papers and other property fell into the hands of those who happened to be its officers when the society became extinct, and thus much valuable material has been lost to the profession. On the other hand, it is probable that this County Society will last as long as Homœopathy lasts; that it will be forever the official representative of our school in this city, and that it is possible to develop it into the most important and efficient Homœopathic society in the world. Its existence is a necessity, its life as a society is our life as an influential and recognized body of physicians; and it therefore possesses a character of permanence which can belong to no other society. Then the richer we make its collections of books, instruments and specimens, by so much will we increase its active membership, and concentrate the energy, talent and resources of the profession upon the development of its efficiency as a society and its power as an organization."

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The New York County Homœopathic Medical Society held its regular monthly meeting at the New York Homœopathic Ophthalmic Hospital, Wednesday evening, April 8th. Dr. Throop in the chair.

The following physicians were elected as members of the Society: W. E. Rounds, Wm. H. Krause, L. L. Danforth, F. H. Boynton, Mary W. Noxon, Laura W. Fleming, Clara C. Plimpton, and Phœbe J. P. Wait.

Several physicians were also nominated for membership.

Dr. Paine, the Chairman of the Bureau on Legislation, presented a report.

The Bureau upon Physiology, Pathology and Hygiene presented several papers.

Dr. F. S. Bradford read a paper upon the value of pain in forming a diagnosis, and as an indication of pain and pathological conditions.

Dr. Everett gave a lengthy detail of a case of severe uterine disorder, which illustrated the efficacy of homœopathic therapeutics.

Dr. J. L. Linsley read an able paper upon Hygiene, which was listened to with great interest, from which was gleaned that one-fifth of the human race die from consumption, and one-third of the adult population perish from miasmatic diseases.

Dr. Lilienthal presented a paper upon Angina Pectoris.

After the transaction of some miscellaneous business, the meeting adjourned.

WEDNESDAY EVENING, MAY 15.

A regular monthly meeting of the New York County Homœopathic Medical Society was held at the Ophthalmic Hospital, Wednesday evening, May 15. Dr. Helmuth in the chair.

Drs. S. A. Jones, Willmore, Scherzer, Fleming, Wright, Griffith and Smith, were elected members of the Society, and several were nominated for membership. A report from the committee

on finance was received, and followed by that of the bureau of surgery. An unusual number of papers had been announced to be read upon this evening, which had drawn together a large meeting, among whom we recognized many friends from out of town.

Dr. Thompson, the chairman of the bureau, read an elaborate paper upon electro-surgery, from Dr. Murphy, of New Orleans. The Doctor referred to the ancient application of electricity by the women of Africa to their children, and cursorily traced its early history in relation to medicine, and referred to its decadence at the time of the popularity of mesmerism. Its recent application according to scientific principles, and the various theories as to the mode of its action, were alluded to, and cases were reported which illustrate its wonderful efficacy as a curative agent.

Case I.—Ovarian Tumor. Electrolysis. Cure. A negress presented herself with a large abdominal tumor, arising from the left inginial region, which she said had been tapped a year previously and a bucket of serum drawn off. Four gold needles were inserted into the tumor and connected with the negative pole of a constant current battery, and the positive electrode placed upon the abdomen. Eighteen cells were at first used and afterwards increased to thirty-two, and applied with interruption for fifty minutes. A coagulum was not formed, and some of the contents of the cyst flowed into the abdominal cavity. Resorption rapidly took place, and the cyst was entirely removed.

Case II.—Multilocular hydrocele.—A very large hydrocele came under my notice. The scrotum measured nine inches from symphysis downwards in length. Three needles were plunged into the tumor and the galvanic current applied. After three operations all traces of the disease had disappeared.

Case III.—Stricture of Urethra.—A case of obstinate gleet came under my care, and upon examination found two strictures. Great relief was afforded, and the discharge cured by passing the constant current through an insulated catheter.

Case IV.—Hemorrhoids.—A case of external hemorrhoids presented itself, and electrolysis was used with good results; yet I do not consider it the most appropriate method of treatment.

A discussion followed, in which Drs. Minor and Houghton spoke enthusiastically of electrolysis. Dr. Minor thought, however, that the cauterization of the walls of cysts might be avoided by using piliform needles through hard rubber canulars.

Dr. Minor also exhibited a patient upon whom he had operated and relieved a great deformity, which had been produced by an extensive burn.

Dr. Doughty read a paper upon Epidedymitis and Prostatic Abscess.

Dr. Thompson read a paper upon *Hecla Lava*, and exhibited a case of extensive syphilitic ulceration and necrosis of the nasal and superior maxillary bones, which had been cured under its administration and the topical application of *carbolic acid*.

Drs. Helmuth, Minor, and Wm. H. White were chosen delegates to the American Institute, and the meeting adjourned until June 17th.

Condensed News Items.

A MAN and a woman were burned to death in Mexico, a couple of weeks since, on a charge of witchcraft; and, as though proud of the heinous transaction, the self-satisfied Alcalde who ordered and superintended the cremation, made a report of the doings to the Department of State.

ONE hundred and forty persons were drowned, a few days since, in Mill River Valley, Massachusetts. The giving way of the defective embankments of a reservoir, and the consequent escape of the waters contained therein, was the cause of the fearful disaster.

THE University of Edinburgh having refused to admit ladies to practice medicine after completing their education, solely because of their sex, attention has been drawn to the matter in Parliament, and a motion made "that it is expedient that these legal disabilities should be removed."

AFTER all the arrests that have been made of persons supposed to belong to the Bender family, who committed so many murders in Kansas, all of that family are still at large.

A NUMBER of clergymen of different denominations took part in the laying of the corner stone of a new Methodist church in this city, on the 25th ult. Is the millenium dawning?

THE wife of Dr. Brown-Sequard died in this city on the 23d ult. The funeral services were conducted according to the rites of the Swedenborgian Church.

A DAMASCUS dervish of holy descent, has been discovered to be the leader of a band of robbers who have plundered Damascus residences for many years.

BRIGHAM YOUNG has had a new "vision," which transfers to the Church—*i. e.* Young—all property now owned by the Saints. His followers rebel.

MISS NELLIE GRANT and Mr. Sartoris were married in Washington, on the 21st ult., and left for their home in England two days thereafter.

THE Civil Rights bill, guaranteeing to negroes a legal right in public schools, places of amusement, etc., passed the Senate on the 22d ult.

Reviews of Books.

EMERGENCIES, AND HOW TO TREAT THEM; By Joseph W. Howe, M. D., Clinical Professor of Surgery in the Medical Department of the University of New York, etc.; Second edition; D. Appleton & Co., New York; 1874.

This book, which has reached its second edition within two years, merits more than a passing notice. It is written in a very clear, concise style, and the different topics are handled with such didactic simplicity, that it is not only adapted for students and practitioners, but for the general public.

It is rather a compend than an exhaustive treatise, and although each subject receives but brief mention, every important symptom is alluded to; all analagous, morbid conditions are clearly differentiated, and the most recent views are advanced in pathology and treatment.

We notice in the chapter on Coma, that the treatment recommended by the Doctor in the uræmic form is quite according to the law of *similia*, and similar to that which the majority of our profession would employ in those cases. Both *opium* and *corrosive sublimate*—the remedies recommended by the author—are indicated according to the homœopathic law, and would immediately suggest themselves to the practitioners of our school in these cases.

There are many portions of the book which are worthy of special commendation, such as the differentiation of the different forms of loss of consciousness, the varieties of sunstroke and corresponding indications for its treatment, and the chapters on Toxicology, but want of space forbids our giving them elaborate notice. Suffice it to say, that the busy practitioner and the student "cramming" for examination, will find this work of valuable aid, and the laity may easily learn from it a lesson of great importance—what to do until the doctor comes when emergencies arise.

THE SCIENCE OF HOMŒOPATHY; By Charles I. Hempel, M. D.; Boericke & Tafel, Publishers; New York.

This veteran author and translator, to whom Homœopathy in this country is so much indebted, has given us in this volume a work which will not only be read with pleasure by the members of our school, but which can safely be placed in the hands of our opponents. It discusses with clearness and in an excellent spirit the doctrines of Homœopathy from a scientific and practical standpoint, and gives a fair exposition of the best teaching and practice of those prominent in our ranks. It is a good work, not only for our own libraries, but to put into the hands of those searching for truth in this direction.

Scientific Gleanings.

ANTAGONISM OF BELLADONNA AND PHYSASTIGMA.—According to Dr. Frazer, *atropine*, has a remarkable counteracting influence upon the poisonous action of *calabar bean* (physastigma). When doses of *atropia* were given a few moments before or after taking the bean, the animal speedily recovered.

INFANT POISONING.—M. Dieulafoy reports a case in which an infant, six hours old, was poisoned by a dessert-spoonful of laudanum, and from whose stomach the poison was extracted, before it had taken fatal effect, by means of the pneumatic aspirator.

DR. GIRARD. U. S. A., reports to the *Medical Times* the complete cure of an indolent ulcer of three inches diameter, within seven days, by the application of three skin grafts the size of millet seeds to its surface.

LARYNGISMAS STRIDULAS.—This fearful and often fatal affection frequently yields very promptly to the *bromide of potash*, administered in five grain doses in the form of spray.

COPAIBA IN CROUP.—This remedy has been used with decided advantage, not only in membranous, but in spasmodic croup, especially in the early stage.

Obituary.

WALTER M. WILLIAMSON, M. D., died in Philadelphia, on the 5th inst., aged 38 years. He was the eldest son of the late Dr. Walter Williamson, and graduated in 1857. His warm and genial nature and skill in his profession, drew around him a large circle of attached and influential friends, by whom he will be mourned no less than by his immediate colleagues.

DR. NEIL ARNOLT, F. R. S., distinguished in the medical and scientific world, died in London, March 2d. He was Physician Extraordinary to the Queen, Member of the Legion of Honor, and was well known in this country by his work called "Elements of Physics."

DR. BERNHARD HIRSCHEL, of Dresden, died January 15, aged fifty-nine, of strangulated hernia. He was the editor of the *Neue Zeitschrift for Homöop. Klinik*, and the author of numerous works on Homœopathy and other subjects.

DR. F. LOEFLER, Surgeon General of the Prussian Army, and a copious writer on gun-shot wounds and the Prussian military service, died at Berlin, February 22, aged 59 years.

PROF. MAX SCHULTZE, of Bonn, an eminent naturalist and microscopist, died early in April.

Twenty-Seventh Session of the American Institute of Homœopathy

Will be held at the International Hotel, Niagara Falls, N. Y., commencing Tuesday, June 9th, 1874, and continuing four days. The preliminary meeting will be held on Monday evening, June 8th, at the same place.

The Executive Committee have arranged the following order of business: The sessions will be held daily, from nine o'clock, A. M., until one and a half o'clock, P. M.; and from eight o'clock until ten o'clock, P. M., subject to the action of the Institute.

FIRST DAY—MORNING SESSION.

The Institute will be called to order at nine o'clock, by the President, J. J. Youlin, M. D., of Jersey City, N. J., who will deliver the opening address. The President will then appoint a Committee on Credentials and an Auditing Committee. The reports of the Committee of Publication, of the Treasurer, E. M. Kellogg, M. D., of New York, and a partial report of the Board of Censors will follow next in order. These will be followed by a

NECROLOGICAL REPORT.—By Henry D. Paine, M. D., Necrologist. Then will be presented the reports and papers in charge of the

BUREAU OF ANATOMY, PHYSIOLOGY AND HYGIENE.—Chairman, J. D. Buck, M. D., Cincinnati, O. Special subject for presentation and discussion, "The Functions and Disorders of the Lymphatics." The closing of this bureau will be followed by the presentation of the reports and papers of the

BUREAU OF MATERIA MEDICA, PHARMACY AND PROVINGS.—Chairman, T. F. Allen, M. D., New York. This bureau will present the following subjects: 1. "Provings of Calabar Bean." 2. "Verifications of Lilium Tigrinum." 3. "The Significance of Primary and Secondary Symptoms."

EVENING SESSION.

The evening session will be devoted to the further consideration of the reports of the bureau of Materia Medica, &c., and the presentation of the reports and papers in charge of the

BUREAU OF CLINICAL MEDICINE.—Chairman, L. E. Ober, M. D., La Crosse, Wis. Special subject for presentation and discussion, "Meningitis Cerebro-Spinalis." If this bureau should be closed before the hour of adjournment, Miscellaneous Business may be introduced.

SECOND DAY—MORNING SESSION.

Additional report of the Board of Censors. This will be followed by the report of the Committee on Climatology, M. Mayer-Marix, M. D., Chairman. Then will follow in order the presentation of the report and papers in charge of the

BUREAU OF OBSTETRICS.—Chairman, J. C. Sanders, M. D., Cleveland, O. Special subject for presentation and discussion, "Puerperal Fever." To be followed by the reports and papers of the

BUREAU OF GYNÆCOLOGY.—Chairman, S. Lilienthal, M. D., New York. Special subject for presentation and discussion, "Uterine Hemorrhage." Next in order will be the presentation of the report and papers of the

BUREAU OF PÆDOLOGY.—Chairman, T. C. Duncan, M. D., Chicago. Special subject for presentation and discussion, "Cholera Infantum."

EVENING SESSION.

The following Committees will render reports: Committee on Foreign Correspondence, E. B. De Gersdorff, M. D., Boston, Chairman; Committee on Homœopathic Colleges, David Thayer, M. D., Boston, Chairman; Committee on a Homœopathic Dispensatory, Carroll Dunham, M.D., Irvington, N. Y., Chairman. After these Committees have closed their business, the new constitution and by-laws prepared by the Bureau of Organization, etc., presented at the 26th session and ordered to be printed, will be taken up for discussion and action by the Institute. If time permits miscellaneous business may then be introduced.

THIRD DAY—MORNING SESSION.

Additional report of the Board of Censors. Then will follow in order the presentation of the report and papers of the

BUREAU OF SURGERY.—Chairman, E. C. Franklin, M. D., St. Louis. Special subject for presentation and discussion, "Fractures and Dislocations." At the close of this bureau will be presented the report and papers of the

BUREAU OF OPHTHALMOLOGY AND OTOLOGY.—Chairman, M. Macfarlan, M. D., Philadelphia. Special subjects for presentation and discussion, 1. "Cataract." 2. "Catarrhal Inflammation of the Middle Ear." Then will follow in order the reports and papers in possession of the

BUREAU OF PSYCHOLOGICAL MEDICINE—Chairman, G. W. Swazey, M. D., Springfield, Mass. This Bureau will present the following papers: "Popular Psychology," by Dr. Swazey; "Psychological Diseases in Relation to Homœopathy," by Dr. Frost; "Hospitals for the Insane, their Organization and Management," by Dr. Worcester; "The Retentive Power of the Sensorial Faculties," by Dr. Raue; "Psychical Nosology," by Dr. Foote; "Influence of the Mind in the Cure of Disease," by Dr. Brown.

FOURTH DAY.

Final Report of the Board of Censors. The report and papers of the

BUREAU OF MEDICAL LITERATURE.—Chairman, S. Lilienthal, M. D., New York. These will be followed by the report and papers of the

BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS.—Chairman, T. S. Hoyne, M. D., Chicago. At the close of this Bureau, the Committee on Legislation, I. T. Talbot, M. D., Boston, Chairman, will present its report, which will be followed by the report of the Committee on the World's Homœopathic Convention, Carroll Dunham, M. D., Irvington, N. Y., Chairman. Then will follow in order—Unfinished Business—New Business—Selection of Time and Place of next Meeting—Election of Officers for the Ensuing Year—Adjournment.

It is important that all Homœopathic Societies and Institutions should be represented by delegates in the following proportion: State societies or associations of more than fifty members from different States, two delegates, with an additional delegate for every twenty members. County or local societies, colleges, hospitals, dispensaries, or medical journals, one delegate each. When not otherwise appointed, local societies are authorized to appoint delegates for Homœopathic Institutions.

ROBERT J. McCLATCHEY,
General Secretary.

Publisher's Department.

S. J. ALBRIGHT, Publisher.

Office, 93 Liberty Street, New York.

Decoration Day.

As we go to press, preparations are being made from the Atlantic to the Pacific—throughout the length and breadth of the land—to strew love-flowers upon the honored graves of the dead who cemented with their blood our nation's unity, and held life lightly when weighed in the balance with duty. A cloud of sadness will settle over the nation upon the last day of May, as millions of floral tributes shall be tearfully deposited above the stilled hearts of son, and brother, and comrade. Many a silent and heart-felt prayer will go up for the calm repose of those who followed glory to the grave; and many a pent-up grief will be distilled into hot tears, and drop from welling eye upon blossom and garland. Around the family circle, too, in city, and village, and hamlet, will be revived memories of those "dark days," when the blare of the bugle, the roll of the drum, and the stern appeal from the Capital, called for the rending of family ties; days when the fair-haired boy, casting aside the raiment and adornments of civil life, clothed himself in the apparel, and buckled on the accoutrements of the soldier, and with the mother's parting advice and blessing, sobbed forth between appeals to the Almighty for His protecting care over her darling boy, went forth to do battle under the flag which tradition had taught him to revere, and a holy impulse to guard with his very life.

The memory of those sad days will be revived by the recurrence of this and each succeeding Decoration Day, until, with a sorrow mellowed by time and sanctified by constancy, those gone before and those now living shall be reunited

"In a land where the lilies eternally bloom,
In the balm-breathing gardens of God."

And as we cast tributes of love upon the graves of our own, let us at the same time lay flowers of forgiveness upon the tombs of those whose mistaken ideas of duty called forth this national manifestation of sorrow. The "dark days" have passed away—let all feeling of rancor and bitterness against our late foes pass away also. The best medicine for the soul is that charity which forgives as it would be forgiven; and so, whilst we gratefully remember the patriotism and valor of our own dead, let us not forget the common brotherhood and heroism of all. Casting aside all feeling of enmity, let the grave-grass of Union and Confederate be covered alike with the floral mantle of love and absolution.

"Under the sod and the dew,
Awaiting the judgment day;
Under the garlands the blue,
And under the roses the gray."

Explanation.

A few of our subscribers have shown some feeling in consequence of having received their bills for subscription through a collection office. Our explanation is, that our subscription book was given to Mr. Manget with instructions to notify all who had thus far neglected to send forward their subscriptions, to do so at their earliest convenience; but with no desire or instruction from us to urge payment beyond the mere request. We can only regret that any of our friends should feel aggrieved in the matter, and trust they will regard it in the proper light of an ordinary business transaction.

A Feat of Endurance.

MR. J. Peyton Weston a short time since made an unsuccessful attempt to walk five hundred miles in six consecutive days. Four hundred and thirty miles were accomplished within the time, including one hundred and fifteen miles during the first twenty-four hours. The trial was made at the rink, in this city, over an oblong track of forty-six rods circuit. The feat was undertaken nominally to test the power of human endurance; and Mr. Weston still feels sanguine of his ability to accomplish the task upon a further trial.

Carriages.

Demarest & Co., whose advertisement appears in the UNION, have on hand, and make to order, every description of carriage used for pleasure or business. Their physicians' phætons are made with a view to comfort, no less than to endurance in the constant and hard usage required of them in passing over the rough streets. Their warerooms are worthy a visit as one of the sights of the city.

Kind Words.

We daily receive words of commendation and cheer from the readers of the UNION in all parts of the country. They are very welcome, and continued efforts will be made to deserve them in the future as in the past.

Spring Hats.

J. R. Allen, 24 Fourth Avenue, has on hand a most excellent and varied assortment of every thing in the guise of head wear, for the hot weather that is slowly but surely coming. His spring hats are light, handsome and durable.

A VERY large attendance is expected at the National Homœopathic Convention, to be held at Niagara Falls on the 9th inst.

REV. JOHN BACHMAN, a naturalist, and associate with Andubon in many of his scientific papers, died recently at an advanced age.

THE MEDICAL UNION.

A MONTHLY JOURNAL

Of Medicine, Surgery and the Collateral Sciences.

EDITORS:

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Original Articles.

SLEEP—DREAMS—DEATH.

BY EGBERT GUERNSEY, M. D.

II.—DREAMS.

The philosophy of dreams opens to the careful and scientific investigator a vast world of thought, of research, and of speculation. It leads us into the realms of imagination, into the fields of theology, into the closest and most complex of metaphysical reasoning, and to a careful observation of physiological facts. We touch the springs of human life, man's dual state, the separate existence of mind and body, and reach forward into that great hereafter in which is solved the problem of man's immortality and future existence, when this mortal part of our investiture passes back to its original elements.

In this semblance of death, which we call sleep, when we lose consciousness of external things, when the brain itself seems in a state of repose more or less complete, as the sleep is more or less profound, the soul keeps on its tireless round of mental activity, but linked to the material form, infused through and surrounded by the physical matter which composes it, it partakes more or less of the thoughts worked out in the brain-cells during the waking hours and of the suggestions and impressions which have been left there during our state of consciousness, and of the condition of the body itself.

During the dreaming state there seems to be an entire suspension of volitional control over the current of thought, which flows on automatically, sometimes in such uniform and coherent order, leaving its impression so strongly upon the mind that the most minute details are recalled in our waking state, and seem so much like reality that we can hardly persuade ourselves that it is a dream. At other times there is a strange jumble of the most incongruous ideas, in which the most improbable things are blended together in inextricable confusion. And yet we are completely unaware of the incongruity of the combinations thus formed. Nothing surprises us in dreams. The dead pass before us alive and well; we hold familiar converse with the prophets and wise men of antiquity, and friends scattered over every part of the globe pass before our field of vision, clear and distinct, as if they were really present, and that without the slightest surprise on our part. In dreams, when the imagination has full sway, unchecked by the control of reason, our whole nature seems changed, and we witness with pleasure and perform deeds with the utmost satisfaction, at which our soul in the waking state would revolt. And yet may not this to a certain extent arise from some disturbances in the circulation, some peculiar point of irritation acting as a disturbing cause upon the exceedingly delicate nerve-filaments and brain-cells, and like the snags, the rocks, and stones in the bed of the stream—which has heretofore passed on quietly, reflecting on its placid bosom only the scenes of beauty among which it passes, the grassy banks, the overarching trees and the sky above—is thrown by these obstructions into the foam and wild whirl of a maddening torrent. The peculiar nature of the dreams often give an index to the physical disturbance, which enables us to go back at times with almost unerring certainty to the original cause, and to apply the proper remedy

Macario divides what he calls pathological

dreams into three classes: those which precede disease, those which occur during its progress, and those which constitute its main features. Long before the most careful physical examination reveals to us the incipient steps of the coming malady, the mind in the quiet of sleep has become conscious of the approaching trouble. Galen speaks of a patient who dreamed that his leg had been converted into stone, and in a few days it was paralysed. Conrad Gesner dreamed he had been bitten in the side by a venomous serpent, and in a few days at the same part appeared a malignant carbuncle, which caused his death in five days. M. Teste, Minister of Public Works under Louis Philippe, dreamed three days before his death he had an attack of apoplexy. He died suddenly of that disease.

Dr. Forbes Winslow mentions several cases illustrating this point. A patient for several weeks before an attack of apoplexy had a series of frightful dreams, in one of which he imagined he was being scalped by Indians. One gentleman dreamed his house was in flames, and that he was gradually being consumed to a cinder. In a few days he had a severe attack of inflammation of the brain. Thus the mind in its dreaming state takes cognizance of any physical disturbance, so slight that it would not be noticed when all the faculties were alive in the waking condition. The observing physician seizes hold of this clue to the malady, and carefully questions his patient as it regards the nature and character of his dreams. It is true, he does not find them an infallible guide, but he often secures from them a hint which shapes his diagnosis and his treatment. An overloaded stomach may produce nightmare; serious forms of dyspepsia and diseases of the intestinal canal may be accompanied by a sense of impending suffocation, with dreams, which consist of frightful images, such as demons and strange animals. Fevers are frequently accompanied by frightful dreams, and diseases of the heart and chest by dreams full of terror. Thus we get a temporary disturbance of the functions of the brain by the poison in the blood, or by local irritations, of which it takes such ready and quick cognizance.

What we call dreams, the wild play of the imagination uncontrolled by the action of the will, when existing in the waking state, receives another name—that of insanity. The peculiar phases of this malady depend upon the cause and character of disturbance, whether local or general, whether the result of reflex action or positive disease of the brain-tissues themselves. Thus those forms of insanity which may at times be exceedingly violent rapidly disappear with the removal of the local irritation; but in the more settled forms produced by organic change in the nerve structure itself, by a deficiency or perversion in the formative power of the nervous tissue, or from an imperfect supply, or an altered character of the blood, the mind continues to be haunted by the distorted visions of the imagination, until the soul is freed from the disturbing elements of its material form—those snags and rocks which dash it into foam, and whirl it into eddies, and flows on placid and serene into that broader, deeper river of eternal life, whose crystal waters image only in their bosom the beauty and life of the celestial world—the paradise of God.

That the mind is alive and active in the sleeping state is evident not only from dreams coming up before it in its waking moments clear and distinct, or faint and hazy, like some almost forgotten scene, but from the evidences of its unceasing work in at times the increased clearness of our thoughts after a period of repose. The scholar, the thinker, perhaps almost unconsciously avails himself of what we might call this unconscious cerebration to work out his plans, and give them clearness and force. The judge, after puzzling long over a difficult case, hearing the evidence pro and con until the mind is wearied and confused, retires to rest, and wakes in the morning with all the uncertainties cleared away, and the path straight open before him. The inventor, the metaphysician, often find the most difficult problems, which have puzzled the brain and harassed the mind, somehow or other, have seemed to arrange themselves distinctly into clear and open lines during those hours when the soul, shut out from the material world, was working out in the quiet of its own chambers these difficult problems.

Dr. Holmes speaks of a business man in Boston who had given up the consideration of an important question as too much for him. He was conscious, however, of an action going on in the brain which was so unusual and painful as to excite his apprehension that he was threatened with palsy, or something of that sort. After some hours of this uneasiness, his perplexity was at once cleared up by the natural solution of his doubts coming to him,

worked out as he believed, in that obscure and troubled interval.

Mrs. Gaskel, in her biography of Charlotte Brontë, gives an account of her habit of writing, which still further illustrates this point. Sometimes weeks and even months elapsed before she felt she had anything to add to that portion of her story already written. Then some morning she would wake up, and the progress of her tale lay clear and bright before her in a distinct vision, its incidents and consequent thoughts being at such times more present to her mind than her actual life itself. Whenever she had to describe anything which had not fallen within her own experience, it was her habit to think of it intently many and many a night before falling to sleep, wondering what it was like, till at length, after the progress of her story had sometimes been arrested for weeks, she would wake up in the morning with all clear before her, as if she had in reality gone through the experience, and then could describe it word for word as it happened. Mr. Appold, the inventor of the centrifugal pump, says, that when a difficulty arose he would, during the day, bring together in his mind all the facts and principles relating to the case, and the solution of the problem usually occurred to him in the early morning after sleep.

The history of great inventions is full of incidents where the solution of a difficult problem has flashed upon the mind when it was apparently engaged in other work entirely foreign to the subject, convincing us that not only an automatic but an unconscious action enters largely into all the mechanism of thought.

As Dr. Holmes has eloquently remarked, our definite ideas are stepping stones ; how we get from one to the other we do not know ; something carries us ; we do not take the step. A creative and informing spirit which is *with* us, and not *of* us, is recognized everywhere in real and in storied life. It is the zeal that kindled the rage of Achilles; it is the muse of Homer ; it is the Daimon of Socrates ; it is the inspiration of the Seer ; it is the mocking spirit which whispers to Margaret as she kneels at the altar ; and the hobgoblin that cried "sell him, sell him!" in the ear of John Bunyan ; it shaped the forms that filled the soul of Michael Angelo, when he saw the figure of the great law-giver in the yet unhewn marble, and the dome of the world's yet unbuilt Basilica against the black horizon ; it comes to the least of us as a voice that will be heard ; it tells us what we must believe ; it frames our sentences ; it lends a sudden gleam of sense or eloquence to the dullest of us all ; we wonder at ourselves, or rather not at ourselves but at this divine visitor, who chooses our brain as his dwelling place, and invests our naked thought with the purple of the kings of speech or song. In our dreams the thoughts flow out with such ease and freedom as if the conduits of some living fountain were pouring its wealth of imagery and its brightness and beauty into our souls. The narrow walls of our rooms widen into royal palaces and are hung with royal purple ; one scene after another of magic beauty or of fearful terror is unfolded in quick succession before our vision. Thoughts long since apparently forgotten again appear upon the tablet of memory in all the clearness and distinctness of their first birth. Is it true, as some metaphysicians say, and as the philosophy of dreams seems to substantiate, that no act of the mind is ever wholly lost—that as the thought starts on its course it never dies? It may be apparently lost in the whirl of life, covered over and effaced, like the footstep on the sand, by the advancing and receding tide ; but no ! indelibly impressed upon the living tablet of the spiritual brain, no tide of time can efface it, but it lives while it lives and goes with it wherever it goes. It only requires the time, the circumstance, the key, the peculiar condition of brain to flash out in living light. Every mind can bring to its remembrance a host of illustrations of thoughts long forgotten, impressions, supposed to be forever effaced, suddenly reappearing when least expected, clear and distinct. The case of the poor illiterate servant girl, repeating in the delirium of fever whole chapters from the Hebrew Bible, which she had only heard recited while in the employ of a Hebrew scholar, is only one of many illustrations of this point.

Think of it, Oh ! young man, in the wild and giddy whirl of dissipation ; think of it, Oh! cool and careful calculator, planning in the secret of your own soul your own gain, your own pleasure, and others' ruin, and remember that, notwithstanding all your deep-laid plans, all the secresy and darkness with which you have surrounded them, God may yet bring you to judgment. Some of these days the mortal frame will go back to its dust, but the soul which animated it, with all the

thoughts which passed through the teeming brain in life, indelibly impressed upon its immortal tissues, never dies, and in that other world in its clear transparent light, the thoughts, the motives, the feelings which actuated us here, may flash out in letters of living light, to be read like the pages of an open book by all. Can the mind frame a more bitter hell than this would be to many?

We have said the character of our dreams may be tinged and shaped to a certain extent by the peculiar conditions of our material bodies, and that they are often in some way connected,—amplified and distorted, it is true, by the imagination,—with our thoughts and impressions in our waking state. But when the body is locked in its deep sleep, with no particular disturbing element in its general condition, may not that living principle which never sleeps, by a law of affinity or spiritual life which we cannot in our present condition comprehend, follow some spiritual line of life vibrating from soul to soul or from world to world, and see, so connected with distant places by that invisible chain, what is transpiring there. We cannot close our eyes to facts with which the daily history of our lives is thronged, or dismiss them from notice as the mere offspring of a disordered imagination. The story is familiar to all, of the young lady whose lover, an officer in the army, was abroad in India. At a party of friends she was invited to sing. She consented, and her voice rose clear and sweet to the melody of an old song which she had often sung with her absent lover. In the midst of the song the voice all at once grew faint and was finally hushed; the fingers rested idly upon the keys, the wide, open, frightened eyes seemed to be looking at some scene of terror, and the stony face froze into a look of horror. Slowly she uttered, "*shot right through the heart,*" and uttering a piercing scream fell insensible to the floor. A letter received shortly after gave an account of a fearful battle which had been fought, and at the very time and moment seen by the girl, as she sat by the piano and warbled the notes of an old melody they had both loved, in the very thickest of the fight he was shot through the heart.

Can we doubt that the two worlds, the spiritual and material, are closely linked together, that around us and about us, unseen perhaps by mortal eyes, are spiritual intelligences and spiritual influences which only wait the calm tranquillity of the soul to visit it with their messages of love and wisdom, and pour into it from the great fountain of life the healing waters of the heavenly world.

Beneath much of the rubbish of modern spiritualism and clairvoyance is there not a living principle, a vital law as old as man, as old as those shining intelligences which people the spiritual world, the connecting links between the great center of power and life and man?

The seers and prophets in all ages, retiring from the haunts of men, turning their minds away from the warring elements of life, from its din and discord, in fasting and prayer, in pure and holy thoughts, have sunk into that deep and quiet sleep, in which to the receptive soul the arcana of the heavenly world was opened with its brightness and its wisdom.

The face of the old in the quiet dreamy repose of age brightens as visions of beauty and of joy sweep before the mind. As we look upon the sleeping face of the little child and watch the play of emotions there, we can imagine its little spirit, over which has as yet scarcely passed the breath of the world's pollution, drinking in the beauty of the spiritual life by which it is surrounded. And in every period of life there are times when we shut the world out of our thoughts, retire within ourselves, and draw wisdom and comfort from that spiritual life which is ready to flow into the soul if only permitted the opportunity.

CLINICAL SURGERY.

BY JOHN C. MINOR, M. D.

1. EXTENSIVE CICATRICES AFTER A BURN.—*The Chin and Lower Jaw, on the left side, bound down to the Sternum and Clavicle, cured by Operation.*

MISS R., aged 21, was admitted to the New York Hospital for Women, November, 1873. A year before she had been terribly burned about the neck and chest, from the explosion of a kerosene lamp; both hands also were severely injured at the same time. Her appearance on admission was pitiable in the extreme. A dense band of nodulated cicatricial tissue, extending from the angle of the jaw on the left side to the right side of the chin, and spreading out over the front of the chest with great claw-shaped ridges, dragged the head down, forwards and to the left side, in close proximity to the sternum and clavicle, holding it in

this position with an iron grip. On attempting to straighten the head, the chin and cheek were distorted by the traction of the cicatrix, and this deformity was becoming, from week to week, still more extreme by the continued contraction of the cicatricial tissue. In detailing the various operative measures which resulted in the cure of this horrible deformity, it will be necessary for me to simplify the description of the case and of its treatment, in order to give an intelligible account which may be of service to others in similar cases. Imagine, then, a triangle of cicatricial tissue, the base above, the apex below. The base of this triangle, starting from the sterno-cleido-mastoid muscle of the left side, on a level with the lower border of the inferior maxilla, extended along the jaw and around the chin to a point on the right side of the chin an inch and a half beyond the symphysis. From this point it extended downwards and inwards parallel with the sterno-mastoid muscle to a point on the sternum two inches below its superior extremity. At this point on the sternum it was met by the other side of the triangle projected from near the angle of the jaw on the left side, following and overlapping the sterno-mastoid muscle. The base of this triangle was not a straight line; it extended an inch or more up on the left cheek. The cicatrix completely filled the hollow under the chin, making a straight line from the border of the chin to the sternum. The anterior triangular space on the left side, in its entire extent, was a mass of cicatrix, and the same condition existed to a more limited degree on the right side. By the contraction of this cicatrix the inferior border of the lower jaw was drawn down to an inch and a half from the clavicle, the chin to within an inch of the sternum.

On considering the case, it appeared that there were two fixed points of attachment, the jaw above, the sternum below. I determined to free the lower point, the apex of the triangle, allowing it to retract upon the soft tissues of the neck, and prevent it from forming another attachment to the sternum, by transplanting a flap from below to cover the surface from which the cicatrix had been removed.

The first operation, then, consisted in including the lower half of the cicatrix in a V-shaped incision, dissecting up the flap thus formed until its apex was an inch or more above the sternum. This dissection was a deep one, at the root of the neck, going beneath the platysma, which was, in fact, obliterated, and was beset with many dangers and difficulties. Each filament of the fibrous attachments of the cicatrix was followed to its deepest insertion and divided, and, although the normal anatomy of the parts was changed by the cicatricial adhesions, this dissection was accomplished without much loss of blood. A large flap was now dissected from under the left clavicle, its inner edge being the outer edge of the incision already made. This flap, rectangular in shape, having its base attached below, was then turned and stitched into the space made vacant by the cicatrix, fine silk sutures being used. The raw surface, from which this flap had been taken, was dressed with scraped lint. The whole was then covered with cotton dressing four inches deep, the left arm slung up so that the hand touched the right clavicle in order to take all strain off the transplanted flap, broad bandages securing every thing in position, and the patient put to bed.

I did not remove the dressings for ten days, so strong was my confidence in the method of treatment. On the eleventh day the dressings were removed. The transplanted flap had united by first intention, every suture remaining in place without a particle of suppuration, and the raw surface was partially cicatrized. Oxide of zinc ointment was now used, and in about two weeks the patient was discharged, much improved in appearance, to return again, in February, 1874, for the second operation.

On the 14th of February, the second operation was performed. I found that the case would require a total extirpation of the cicatrix in order to secure a successful result, for the benefits of the first operation were being diminished by the contraction of the portions of the cicatrix that were adherent to the jaw above, and to the soft tissues of the neck below. This time I resolved upon a bolder and more extensive dissection than before, and accordingly I traced with my knife the outlines of the cicatrix, and then removed it entirely by a dissection that laid bare the internal jugular vein and common carotid on the left side, portions of the sheath being implicated in the cicatrix. The whole of the anterior triangular space on the left side was uncovered by this operation, and part of the same space on the right side. Nerves, veins, and arteries were exposed and isolated from their cicatricial covering, which was in some places over an inch and

a half thick. This extensive dissection extended from the cheek above, on a level with the mouth, to the clavicle below, and from the middle of the sterno-cleido-mastoid muscle on one side to within an inch of the same on the other side. The boundary above curved from the cheek downwards and forwards along the inferior border of the chin. But two small arteries were ligated, although the hæmorrhage was considerable.

The vast extent of this wound was not fully appreciated until, the dissection having been completed, the head was entirely free from all restraint, and in its proper position. It was a pretty piece of dissection, but when I considered the possibility of covering this wound by a flap, or any combination of flaps, the dimensions of the wound seemed so immense as to make it impossible. In fact it *was* an impossibility. I could take as large a flap from the shoulder as was consistent with the vitality of transplanted tissue, but this was all and not enough to reach, in length or breadth, across the wound. I did not dare to take a flap from the right side, because there was no accessible part of the integument which had not been so much altered by the burn that it would be likely to slough. The same condition, to even a more marked degree, existed below. I was therefore limited to a single flap, and to one location, the left shoulder. I therefore dissected up a flap four inches wide and seven inches long from the shoulder, attached above, where the dissection of the cicatrix had begun, and this I turned round, at a little more than a right angle, so as to bring its inner edge up to the line of my incision on the cheek where it was stitched into position. The extremity and lower border of this flap being about two inches or more from any integument, were left free. Cotton wadding was now laid over the whole to the depth of about four inches, with just enough pressure by bandages to keep the flap applied to the raw surface beneath.

On the 6th day a suspicious odor led me to remove the dressing, and I found the end of the flap attacked by moist gangrene. I applied a solution of permanganate of potash, ten grains to the ounce, four times a day, which promptly arrested the trouble. All went well with the flap. It united by first intention above, and by granulation in front and below, so that in about four weeks, with a perfect result so far as her deformity was concerned, she was discharged.

The place from which the flap was taken did not heal for a long time, and finally I was obliged to make an incision about half an inch from its outer border, parallel with it and of the same length, dividing it in the center like the letter H elongated. From this central cut I dissected both ways, so as to raise two small flaps, one above and one below. These were turned inwards upon the surface of the large wound, to serve as centers for cicatrization. The result justified my procedure, and my patient is now perfectly well.

2. Cystic Tumor Containing Hair.—Mr. M., aged 30, an engineer, was sent to me by Dr. John S. Linsley for operation. A small tumor had for several years existed on the right side of the neck, under the angle of the jaw. Latterly the patient had observed an increase in size, with the accession of sharp neuralgic pains. The tumor was about the size of a walnut, freely movable and was diagnosed as a sebaceous cyst.

Having decided to extirpate the growth, Dr. Linsley placed him under the influence of chloroform, while an incision was made through the integument until the wall of the cyst was reached. The cyst was then opened, and the surrounding tissues pinched up between the fingers, so as to force the contents out of its cavity and squeeze the bottom of the cyst up to the surface, inverting the cyst. The cyst having been thus turned inside out, its deepest portion was seized with a ternaculum, and the sac enucleated. A few sutures and a compress completed the operation. The interest of this case lies in the contents of the cyst, which was the ordinary granular matter of the sebaceous cyst, together with a large number of reddish-brown hairs, about two inches long. A similar case occurred in my practice several years ago, which is referred to in Helmuth's "System of Surgery," page 167.

3. Strangulated Femoral Hernia: Failure of Pneumatic Aspiration: Cured by Operation.—This case was one of unusual interest to me, because, although aspiration failed to remedy the trouble, the operation not only succeeded, but also enabled me to demonstrate the harmlessness of aspiration of the intestine, and to discover the cause of its failure. Another point is also made prominent, namely, that by the use of the aspirator we may, in cases of strangulated hernia which are not completely remedied by its action, delay the operation for a longer time than would other-

wise be admissible ; because, even where reduction does not follow aspiration, a certain amount of relief from congestion is obtained, so that the danger of mortification of the strangulated intestine is not so immediate as in cases where the congestion in the strangulated part is unrelieved.

Miss M., aged 30, had a femoral hernia of the left side from childhood. She had always worn a truss, but once in a while the hernia would come down, and give some trouble in its reduction. On the 23d of April, at 5 o'clock P. M., Dr. W. N. Guernsey sent for me to come to the case. I found the patient with all the symptoms of strangulation, vomiting immense quantities of green and offensive matter, a rapid but strong pulse, tongue heavily coated, pain at the pit of the stomach and at the seat of the rupture whenever she vomited. The hernia had been strangulated for twenty-four hours, several attempts at taxis having failed to reduce it. I placed her immediately under chloroform, and attempted the taxis again, without effect. Then I used the aspirator, inserting the smallest needle directly into the hernial tumor. In less than a minute there was no tumor to be seen ; it had collapsed, and its contents, about an ounce of bloody serum and gas, were in the aspirator. On coming out from the effects of the chloroform the symptoms of strangulation had disappeared, and the patient felt perfectly relieved. But the hernia was not reduced. It could still be felt, an empty pouch, in its former position. I made no attempt to reduce it, preferring to wait a few hours after the aspiration.

At 10 o'clock P. M. I returned. The patient was not feeling so well. The tumor seemed to be filling up again, and with its gradual increase there was a gradual return to the vomiting and pain as before. Again I used the aspirator, but not with such good results. The walls of the tumor seemed to be thickened, and although a little serum was brought away, the size of the tumor was not materially affected. I withdrew the needle, and inserted it in another place, in hopes that a better result might follow, but it was of no use —a little more serum, but no marked diminution in the size of the hernia. The patient expressed herself as somewhat relieved by this operation, but not so much as by the former one. The vomiting soon returned with greater violence than before, and became stercoraceous in character.

At 2 o'clock A. M. (April 24th), Dr. Guernsey sent word that the condition of the patient was rapidly becoming worse, and I therefore proceeded at once, with his assistance, to operate.

On cutting down to the sac and exposing it fully, my first exploration was directed towards the punctures made by the aspirator. Two punctures had been made four hours previously, and one had been made about eight hours. The sac of the peritoneum offered no obstruction to a careful inspection of the intestine, but I failed to discover any traces of the punctures that had been made.

There were two sources of stricture, the femoral ring and the neck of the sac. By dividing a few fibers of Gimbernat's ligament I was enabled to pass a steel director through the ring, and dilate it sufficiently to relieve the strangulation thus produced. The hernia was now displaced, and drawn down far enough to examine the neck of the sac. A tight stricture was discovered and carefully divided. The existence of this stricture at the neck of the sac accounted for the failure of aspiration to produce anything but a temporary relief.

The hernia was now reduced, the wound sewed up and covered with a compress. An excellent recovery was made, the wound healing by second intention with what I hope will prove to be a radical cure.

4. Tumors Cured by Medicines.—I have already recorded my experience in treating fibroid and fibro-cystic tumors of the uterus with muriate of ammonia in massive doses, and I am able to add the experience of others in the same direction as testimony against the theory that drugs are useless in the treatment of organic growths. I propose now, however, to give two examples of tumors cured by strictly homœopathic treatment.

1. *Glandular Tumors of the Neck Cured by Calcarea.*—Miss S., 28 years old, consulted me about two years ago with reference to what had been pronounced an encephaloid cancer of the neck. It had been growing for three or four years, giving her considerable pain. Her appetite and strength had been gradually failing prior to her visit to me. On examining the tumor it seemed to me more like a scrofulous enlargement of the glands of the neck than like an encephaloid cancer. It extended on the left side of the neck from the border of the scapula, forwards in front

of the lower third of the trachea, overlapping the clavicle on the left side, and terminating above and behind the clavicle on the right side. It was irregular in appearance and in consistence, looking like a wide necklace of enlarged glands, some of which were hard, others of a jelly-like consistence, while some were evidently fluid, as though distended with pus. The skin was discolored, blue in some places where fluctuation was apparent, red or normal in others.

No operation was possible which should extirpate this tumor, situated as it was all around the root of the neck, and implicating the deepest portions of the vessels and nerves in its growth. The patient's constitution was of the scrofulous type. She was subject to a chronic bronchitis, was weak, nerveless, badly nourished.

She was placed upon calcarea carb. 3 d., with an occasional dose of silicea 3 d., or sulphur 3 d. The calcarea was continued for about four months; the tumor gradually diminishing in size. The fluid portions opened spontaneously, giving issue to some scrofulous pus, contracting to fistulæ, and finally becoming obliterated. The more solid portions were slower in going away, but now, at the end of two years' time, no trace of the tumor can be found except in the scars left from the healing of the fistulæ. The calcarea was used continuously for about four months, one dose every day. After the tumor began to diminish, the remedy was used occasionally, once or twice a week; at times silicea or sulphur was substituted for it.

2.—*Interstitial Fibroid Tumor of the Cheek cured by Thuja.*—A little fibroid growth in the cheek, near the nose, about the size of half a hazel nut, hard, painless, immovable, except with the cheek, of about two years' growth. Such were some of the characters of the tumor. The patient, Miss C., 17 years old, objected to the tumor because on the cheek just over the tumor there was a dusky red spot, as though a carbuncle was about coming there. At times this spot would change its color to a bluish brown hue, but always it looked angry and threatening. This little tumor could only be detected by feeling; the only external sign of trouble was in the spot. The patient had nasal catarrh, was of dark complexion, and impressed me not as suffering from sycosis, but as being in a condition analogous to it to such a degree that thuja ought to do her good. For a year she used the tincture locally, and the first dilution internally every day. The tumor disappeared in about six months; the discoloration of the skin has not entirely gone yet, but has faded so much that it requires a close examination to detect it.

The history of these two cases has not developed any aggravation from the long-continued use of the remedies given.

ELECTRICITY AS A THERAPEUTIC AGENT.

BY J. N. TILDEN, M. D.

The important position occupied by electricity as a therapeutic measure, its continued and rapid advancement in the estimation of all physicians who have employed it in their practice, and given it a fair test, has not in the slightest degree been over estimated by the writer of "Notes on Practice," published in the last number of The Union. Its range of application is not limited to rare cases, but when its capabilities become known, it is found to be a useful item of daily practice, and its effects especially in relieving many kinds of pain, are among the most prompt and satisfactory of any article in the materia medica. The following cases are reported to help show the value of electricity, and thus induce others who have not yet applied it in practice, to possess themselves of the means for administering this most valuable and indispensable agent.

W. D. applied for treatment for a neuralgia affecting the left supra-orbital subdivision of the trifacial. The pain had existed five or six days, and was nearly constant, the remissions occurred at irregular intervals, and were slight. The suffering was less intense at night, and did not prevent sleep, although frequently wakened during the night by pain. There seemed to be a slight remission every morning, but the pain would become severe as soon as the patient was exposed to the external air. Patient stated that he had suffered from a similar attack two years since, which continued for six or eight weeks, although he was all the time under treatment. Electricity had not been used. Without prescribing any internal remedies, applied ten cells of the galvanic current, positive pole over the supra-orbital foramen, at which point the pain was most intense; negative pole in the auriculo-maxillary fossa, and thence to the 7th cervical verte-

bra. During the seance (which was continued between two and three minutes), and for a short time after, the pain was increased; it then gradually diminished, until in about two hours afterward, there was complete, and as I have since learned, permanent relief.

C. P. came into my office suffering with a severe pain, felt just above and to the right of the sterno-clavicular articulation. This patient gave the following history: Had suffered from dyspepsia many years. For the last year, with care in dietetics, had enjoyed comparatively good health. About 24 hours previous to his application for treatment, he had eaten quite hurriedly and heartily, after having fasted two or three hours beyond his usual hour for dinner. This repast had been concluded by having eaten a piece of pie, which had been standing in a room where the thermometer stood near the freezing point. Immediately after eating the pie he was seized with an agonizing choking pain at the point indicated above, which had since continued without cessation. No other pain or unusual symptoms referable to the stomach or digestive organs had occurred. He had been able to sleep but a very short time the succeeding night. There was a constant disposition to swallow, and he felt certain that the pie had lodged in his throat. Had been unable to eat anything, as every effort to swallow aggravated the pain. Applied 10 cells galvanic current, positive pole, over seat of pain, negative over the odontoid process, two minutes. Then applied 15 cells for galvanization of the cervical sympathetic, including the pneumogastric, by applying the positive pole over the manubrium sternum, negative in the right auriculo-maxillary fossa two minutes. Pain and difficulty of swallowing relieved at once almost entirely, so that patient left the office, seeking for the nearest restaurant.

J. N., clergyman, after having suffered several days from an ordinary cold, was attacked with paroxysmal neuralgia of left facial nerve (Portio dura of 7th pair), also seeming to implicate the superior maxillary branch of the 5th pair. The exacerbations came on daily about noon, and lasted from 10 to 14 hours, and the pain was all this time very severe. There was also a dull, heavy pain, with feeling of fullness or tension in the occiput, and this would be intensified by the least mental effort. Medicines, prominent among which were acon., bry. and gels., were administered for several days, with considerable improvement. The paroxysms of neuralgia were so modified as to be twinges of pain, coming on in the later portion of the day, at irregular intervals, and lasting for a few minutes only. The occipital pain, although not constant, still remained, and still so markedly increased by mental effort that even reading or talking would very soon bring it on as severely as ever. As the symptoms at this time seemed stationary, concluded to resort to electricity, and as we are warned that the galvanic current may sometimes produce disagreeable effects, such as cerebral congestion, etc. I hesitated to use it in this case, and therefore gave a mild application of Faradic current, which resulted in making the patient worse for about 36 hours. Then applied ten cells of the galvanic current for half a minute from forehead to occiput, then two minutes negative pole over seventh cervical vertebra. Positive applied to left frontal region, and slowly moved over the temporal region, down just in front of the ear, into the auriculo-maxillary fossa, thus including closely the branches of the facial nerve, the brain, the cervical sympathetic and upper portion of the spinal cord, within the galvanic circuit. This seance, lasting two-and-a-half minutes, produced slight vertigo, which passed off in a few minutes. Patient called as requested the second day after, and reported that he had experienced a considerable degree of relief, coming on gradually in a couple of hours after the application. This amelioration had taken place in the afternoon, and inasmuch as the symptoms had previously been worse toward night, we are justified in claiming the manifest improvement as solely due to the action of the current. The benefit from this first application was not entirely permanent, as the old pains were felt again slightly the following day, and the second day after, the day upon which he called to report the symptoms, seemed nearly, if not quite as severe as before. Applied in same manner as at first—eight cells. This seance caused no vertigo, and marked benefit again was observed. Without following the minutiæ of the case, suffice it to say that gradually-increasing benefit and permanency followed each succeeding application, so that after six seances, given at varied intervals of from twenty-four to forty-eight hours, the patient was entirely relieved from his head symptoms, and the general tone of the system was very much improved, so that he was enabled to resume his pastoral duties.

C. C., carpenter; complaining three years, more or less constantly, of a dull, heavy pain in the left shoulder, located principally under the scapula, and, as the patient expresses it, seems to "come clear through the chest." A careful examination failed to discover any organic lesions which might account for the pain, either directly or through reflex influence. The health seemed to be perfect in all other respects. He had been treated by three physicians without benefit. Although the pain was nearly continuous, and not aggravated by movement, still it seemed to answer the conditions of myalgia more nearly than anything else, and therefore the Faradic current was applied. A seance of fifteen minutes duration produced almost immediate relief, which continued for eight or nine days, when the pain became a little troublesome again, but not nearly so severe as before. A second application was made upon the tenth day from the first, with so much benefit that the patient has since suffered no inconvenience in the performance of his daily labor.

The above cases are fair daily illustrations of what may be done with electricity as a medicinal agent; and though it will undoubtedly, like every other remedy, sometimes disappoint us, still no physician, who has at heart the interests of his profession and his patrons, should be without the means for applying this potent therapeutic measure.

The writer alluded to at the beginning of this article, truly says that "no physician's office is now deemed complete without both the Faradic and constant-current batteries." This being so, it is to be feared that we shall find among the fifty thousand American physicians who are more or less constantly employed, a very small minority of "complete" offices. In a village not a thousand miles from New York, there are six physicians in active practice, and five out of the six possess no kind of apparatus for the application of electricity.

It is to be hoped that this is not a fair average, but it must be admitted that a large proportion of practising physicians are prone to fall into a routine plan of treatment, and are content to plod along in the old way, because it is the easiest; satisfied with their therapeutics, not because of any brilliant success they attain, but because they have been so taught, for the reason that somebody before them has used the same means. If you were to question such about any recent improvement in the medical art, or ask them why they do not avail themselves of some valuable remedy of recent introduction, they would probably tell you that *they* do not believe in trying experiments, and thus trifling with human life. They believe in the old standard treatment which has stood the test of experience. This is all well, and while we would not for an instant entertain the idea of forsaking old and valuable remedies for new and untried measures, yet, so long as the medical art is, as every candid mind must acknowledge, so far from perfection—so long as it so often fails to give us satisfaction, we must, in justice to ourselves and to humanity, encourage the investigation of new and promising fields for the advancement of medical science.

Compare the science of medicine to-day with that of an hundred years ago, and the most conservative will not hesitate to acknowledge the immense progress made in our profession during that time. And may we not hopefully look forward to still greater progress during the years to come? How shall this improvement be accomplished? Not by folding our hands idly, and saying that we will content ourselves to follow on in the footsteps of our preceptors and teachers, and that because they attained a fair share of success, their methods are still good enough for us. No! let us constantly and watchfully strive to do the very best thing possible for the health and lives of these suffering mortals who intrust themselves to our care; let us have enough charity and liberality to believe that the "*summum bonum*" of medical science is not concentrated in any one of ourselves, nor in any one school of medicine; let us "prove all things, hold fast that which is good;" let us study, investigate, and work earnestly for the advancement of our science, and the consequent welfare of humanity. To do this we must not look derisively upon any remedial agent because it is new, but we must be ready to spend our time and energy in investigating and proving its practical value or its worthlessness.

We would that our young medical men especially could divest themselves of the idea that they are walking epitomes of medical science and wisdom; and when they step forth from the halls of college into the world of disease, suffering, and death, which is henceforth to be their realm of duty and labor, they would feel instead that they have just entered the portals of a wonderful and grand

science, which includes within its limits all things which tend to elevate and improve the mental as well as physical condition of the human race, which, therefore, demands from them a life-long labor of study, careful observation, research, and investigation, a conscientious avoidance of bigotry and intolerance, a frame of mind ready to find and accept good things from whatever source, however absurd they may at first seem. Were this the case, we should hear of fewer wranglings for preference among medical schools; there would be, instead of the common jealousies among medical men, a feeling of brotherhood, a united desire for the general welfare of suffering humanity, and the day predicted in the "Prospectus of the UNION" shall not then be far distant, when all medical men shall be united under the honorable title of physicians, all working in harmony for the amelioration of mankind.

PEEKSKILL, N. Y., April 13th, 1874.

POLITZER'S METHOD IN THE TREATMENT OF AURAL DISEASES.

BY WM. N. GUERNSEY, M. D.

Case I.—Fanny W——, aged six years, took cold, and after a few days became deaf in the right ear. Upon examination, the membrana tympani was found to have a bluish-red color, the Eustachian tube somewhat occluded, and the watch could only be heard at the distance of three inches. The middle ear was inflated by Politzer's method, and instantaneously the hearing was so far improved that the watch could be heard at four feet. The application of the Politzer method was continued daily for four or five times, and the patient was dismissed with her hearing fully restored.

Case II.—John H——, aged fourteen, has been gradually growing deaf for the past ten months. Upon testing the hearing, the watch could be heard six inches with the right ear and fifteen inches with the left. The left membrana tympani was of a bluish-white color, slightly retracted, and the cone of light somewhat dimmed. The drum-head of the right was of a dullish, dirty gray color, considerably retracted, and the cone of light is striped in appearance. Politzer's method was used, and immediately afterwards the watch could be heard at a distance of three feet with the left ear and eighteen inches with the right one.

Case III.—Henry B——, aged forty, suffered with deafness for five years, and could not hear the watch with the left ear, and only on contact with the right. The membranæ tympani were of a dull, lusterless, dirty gray color, greatly retracted, and the cones of light were absent. Politzer's method was used at frequent intervals for several weeks, and the hearing eventually restored in a great measure.

Case IV.—Harvey D——, aged 27, complained of deafness of six weeks duration. There was evidence of a secretion of mucus within the tympani cavity of the right ear, and the watch could only be heard at the distance of two inches. Politzer's method was used, and immediately followed by an aggravation of all the symptoms and deterioration of the hearing. The next day, however, the watch could be heard four inches, and the patient seemed much improved. Politzer's method was again applied, and the power of hearing somewhat diminished afterwards, but on the following day the patient was so much improved that he could hear the watch at eight inches. Politzer's method of treatment was continued, and the patient shortly recovered his hearing.

Case V.—Mrs. C——, aged 28, suffered with deafness which first commenced when last *enciente*. The membranæ tympani were collapsed and sunken, the cones of light had disappeared, and the heads of the mallei stood out abnormally prominent. The hearing was much impaired, and the watch was heard six inches with the right ear, and only four with the left. Politzer's method of treatment was tried, but it only aggravated the symptoms. The patient was much improved, however, by the use of the Eustachian catheter.

Case VI.—John K——, aged forty, suffered with deafness of three years duration. He first noticed an impairment of hearing shortly after great nervous depression which had been induced by severe mental labor. The case seemed to be one of dry catarrh. Politzer's method was tried at first, but deterioration of the hearing resulted. Upon the introduction of the Eustachian catheter, the application of electricity, and the administration of tonics, the patient was greatly improved.

We learn from these cases, which perhaps are fair representatives of those which fall under the more frequent notice of the physician, that Politzer's method of treatment was

highly beneficial in the majority of the cases, but prejudicial in some instances. Also, that in those cases where Politzer's method was of no avail, the introduction of the Eustachian catheter, stimulating applications to the orifices of the Eustachian tubes, and the application of electricity, procured marked relief.

Analyzing these cases carefully, it will be seen that Politzer's method proved to be inefficient in the treatment of those which may be classed as proliferous catarrhal inflammation, sclerosis, or dry catarrh; and it may be inferred that it is only curative when used in simple or purulent catarrhal inflammations of the middle ear.

In simple, acute, catarrhal inflammation it is serviceable, after the severe inflammatory symptoms have subsided, and, by dispersing the secretion of mucus, it promotes its absorption, and rapidly accelerates recovery.

In the sub-acute variety it is even more requisite than in the acute form, and often people who were quite deaf have the world of sound opened to them by a single application of the method. In the chronic variety the air douche either by Politzer's method, or the Eustachian catheter is indispensable in the treatment. Many aurists combine the two, considering Politzer's method a powerful adjunct to the Eustachian catheter in treating this form of ear diseases, and Roosa says, in his recent work on the "Diseases of the Ear," that he is in the habit of employing Politzer's method of inflating the drum cavity, immediately after the use of the Eustachian catheter in all cases of chronic disease of the middle ear. "It is very often found," he says, "that no impression can be made upon the tube or middle ears by the use of Politzer's method alone, but after the catheter has been once passed into the mouth of the tube, and some muscular spasm set up in the abductor and dilator of the opening, that the means of treatment becomes effectual at once."

In the chronic purulent variety it is serviceable in expelling the discharge and cleansing the ear, and in bathing the drum cavity with medicated fluids.

The question naturally arises whether Politzer's method possesses any advantages over the Eustachian catheter in the treatment of diseases of the middle ear. The physicians throughout Germany are loth in using Politzer's method; and, although fully recognizing its value in aural therapeutics, and greatly respecting its inventor, they have never considered it as a substitute for the Eustachian catheter.

In this country, however, there has been a tendency, perhaps, to use it more frequently than proper for judicious treatment.

It certainly has some advantages over the method of inflating the middle ear through the Eustachian catheter, and commends itself by its simplicity and the great facility with which it can be used. In the treatment of aural diseases in children it is almost indispensable, as with them the Eustachian catheter can only be introduced with much difficulty. It is also indispensable in those cases in adults where, from malformation of the nasal cavity, it is impassable for the Eustachian catheter. There are some patients who, from excessive nervousness, shrink from the introduction of the Eustachian catheter, and many times their caprices may be yielded to, without any detriment, by substituting Politzer's method. The nasal openings, or the orifices of the Eustachian tubes are sometimes extremely sensitive, and in such cases Politzer's method is generally to be preferred. Where there is accumulation of serum in the tympanic cavity, Politzer says in the great majority of cases the cure or improvement of the affection in the middle ear was quicker and more permanent when his method was employed than when it was effected by catheterization. He explains the reason of this, that the catheter, by coming in immediate contact with the mucous membrane of the tube causes a new irritation and swelling, whilst by his method it is impossible for it to occur.

Although Politzer's method possesses many advantages which highly commend it, yet we have seen that it is not altogether serviceable in all cases, and is even contra-indicated in many instances.

Many of the strongest advocates of Politzer's method of inflating the middle ear, say that there are many cases which cannot be inflated by it alone, or if so, but very feebly; and yet these permit the entrance of air when forced through the Eustachian catheter.

It has undoubtedly been observed that some cases of chronic catarrhal inflammation of the middle ear are aggravated by its use, and that the symptoms of fullness in the ears, dizziness, and tinnitus aurium seem afterwards to be increased. The deterioration of the hearing which arises in these cases is not dependent upon the propelling of secretion against the

drum head, as the diagnostic tube reveals extreme dryness of the Eustachian tube and tympanic cavity. It may be asked how can it be explained that in these cases where the Eustachian tubes are permeable for the bougie, that they cannot be inflated by Politzer's method, a process that has been decried chiefly on account of the undue amount of pressure which was thought to be suddenly brought to bear upon the membrana tympani by its use.

Weber-Liel, of Berlin, in a recent work, which bears evidences of thoughtful and patient work, publishes the results of elaborate pathological researches which he has made with reference to this subject. In sclerosis, or proliferous catarrhal inflammation of the middle ear, he found almost constantly the muscles of the Eustachian tube and throat in a state of fatty degeneration, or atrophy.

Suppose, he says, that there be a slight impairment of the action of the muscles of the throat, which may, perhaps, have arisen from a catarrhal inflammation, and the tensor veli be involved. The walls of the Eustachian tube will lose their tension, and will approximate each other, or collapse as a result. If the muscular impairment attain a higher degree, the approximation of the walls will be still greater. Now that the cartilage of the tube has lost its normal "counter-tension," the tensor tympani muscle, arising with its strong sinewy bundles from the posterior portion of the tubes, gains the preponderance.

As this muscle, owing to its manner of insertion, is incapable of expanding the walls of the tube, it will rather be excited to antagonistic contraction, especially as the opposing tensor veli muscle is impaired, and this will be the more marked, the more considerable the paralysis of the antagonistic muscles, and the longer the duration of the same. Antagonistic contraction of the tensor tympani denotes greater tension of the membrana tympani, rotation of the hammer upon its axis, stronger traction upon the chain of bones, and pressure inwards of the stirrup upon the foramen orale. And the consequences of the disturbed ventilation of the tympanic cavity are added from the collapse of the Eustachian tube, and in this manner the conditions of tension within the tympanic cavity must be greatly altered, and a constant increase of intra-labyrinthal pressure will take place.

If sclerosis be simply a catarrhal inflammation, if catarrhal swelling, infiltration, and accumulations of mucus be really the ætiological cause for the origin and progress of the symptoms characteristic of the affection, should not a strong air-douche, which forces the Eustachian walls apart and penetrates into the tympanic cavity, afford relief? But if the muscles be weakened, and their action impaired, the Eustachian tube is collapsed, and the air-douche, by Politzer's method, does not excite sufficient irritation to open the canal; or if so, and it enters the tympanic cavity, any surplus of air cannot escape, as the Eustachian tube is closed, and the membrana tympani cannot make corresponding extension, consequently increased pressure is exerted upon the fenestral membranes, and the symptoms of intra-labyrinthal pressure—fullness and tinnitus aurium—are aggravated.

In this class of cases, Politzer's method should be dispensed with, and the Eustachian catheter, stimulating applications and electricity should be used in place of it.

OXALURIA.

BY J. FREEMAN ATWOOD, M. D.

THE term "oxaluria" is that given to the general state of the system in which oxalate of lime is produced and deposited in the urine; but the opinions of physicians are very various as to the significance of these deposits, some holding that the group of symptoms usually accompanying them are not entitled to the claim of being due to a distinct pathological state, but as the plain sequence of a deranged nervous system and disordered digestion; while others equally renowned maintain that the presence of this substance in the blood and urine is due to a certain disposition of the system which has been denominated, *the oxalic diathesis*.

It is not presumed here to declare which is the true position and which the false, but, if possible, to offer some facts which may aid an impartial judgment.

Oxalate of lime appears in the urine in various crystalline forms, most commonly octahedra, flattened in one direction, and lying upon their short axis. Again, but more rarely, in the shape of dumb-bells, both of which forms are identical in composition. The urine in which it is found is high colored, and usually acid in reaction, the deposit being insoluble in alcohol—ether and water.

The presence of this salt in the renal secre-

tion is not an uncommon occurrence, and it is only when it becomes persistent and in large quantity that it is claimed to be the result of a distinct pathological state. A variety of conditions operate in its occasional production. Roberts, in his "Urinary and Renal Diseases," says that "the occurrence of oxalic acid in the urine cannot be a matter of surprise when it is remembered that it differs from carbonic acid, one of the chief final products of the disintegration of the tissues, only in possessing half an atom less of oxygen. It constitutes one of the penultimate stages in the series of decompositions through which the effete tissues pass preparatory to their final exit from the body."

Though insoluble in ordinary menstrua, it has been shown that oxalate of lime may be taken up in the stomach and pass through the blood into the urine. It is also often the result of chemical changes in the renal passages through its association with mucus and spermatozoa; or it may be formed *after* the passage of the urine from decomposition. When articles of food containing oxalic acid have been eaten, such as sorrell, rhubarb and asparagus, this element is changed into oxalate of lime, and hence is produced a *temporary oxaluria.* The deposit has been observed also during convalescence from typhus, and when the respiratory functions are impeded; in this latter case, as one writer has suggested, acting as a secretion vicarious to that of carbonic acid.

When the deposit is large and constant, it cannot be ascribed to these transient conditions, but an abnormal state must be associated with it. Oxaluria is said to be most common between the ages of 40 and 50. Dr. Bird, who was among the first to describe this difficulty, gives the following account of its symptoms. "They (the patients) are generally much emaciated, excepting in slight cases, extremely nervous, painfully susceptible to external impressions, often hypochondriacal in an extreme degree, and in very many cases labor under the impression that they are about to fall victims to consumption. They complain bitterly of incapability of exerting themselves, the slightest exertion bringing on fatigue. Some feverish excitement, with the palms of the hands and the soles of the feet dry and parched, especially in the evening, is often present in severe cases. In temper they are irritable and excitable; in men the sexual power is generally deficient and often absent. A severe and constant pain, or sense of weight across the loins is generally a prominent symptom, with some amount of irritability of the bladder. The mental faculties are generally but slightly affected, loss of memory being more or less prominent."

Now, are these symptoms and the oxaluria accompanying them due to a pathological state, such as has been described as the *oxalic diathesis*, or are they the natural sequence of plain causes operating upon the nervous system and digestive organs? We incline to the latter view, for no universal relation is to be observed between the symptoms ascribed to oxaluria, and the actual appearance of the deposit, since the former may exist in typical completeness without the latter; and conversely, a marked and persistent deposit may be present without other evidences of the oxalic diathesis. Widely varied diseases may coexist with oxaluria, and it has been stated that the latter occurs in one out of every three cases in hospital. Adopting the view that oxalic acid is one of the final stages in the decompositions occurring in the body, when these processes are interfered with, or imperfectly performed, the deposit makes its appearance. Hence, when the supply of nutriment exceeds the wants of the system, or the digestive functions are impeded and malassimilation results, the urine presents this evidence of the abnormal conditions. Oxaluria then may perhaps most justly be regarded as one out of many symptoms ascribed to a disturbed relation between the processes of digestion, assimilation and disintegration, no definite and constant train of symptoms standing either in the relation of cause or effect.

Treatment.—Of greater importance than any medicinal measures are those directed to the general improvement of the hygienic conditions of the case. Cold spongings, regulated exercise in the open air, judicious selection of food best suited to the particular case, with moderate and regular habits of eating, will be of great importance. The mineral acids have most frequently been made use of as medicinal measures to aid those already indicated. Chief among these are the *dilute nitro muriatic*, and dilute phosphoric acids, both of which have been found of signal advantage. Each particular case, however, will present its special indications, which the careful eye of the physician will observe, and which will meet with appropriate treatment at his hands.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

CHOLERA INFANTUM.

One of the most fatal diseases of infancy during the warm months of summer, especially in cities and large towns, is undoubtedly cholera infantum. It certainly is not contagious or infectious, and can hardly be called an epidemic, but owes its origin to atmospheric influences and local causes. It is most common, if not strictly confined, as Dr. Stewart maintains, to the period of dentition, and while it more generally prevails among the poor, badly nourished, and in rooms poorly ventilated, it is found also among the children whose parents do not lack pecuniary means to surround their little ones with every comfort. We find them stricken down, not all in the close and confined tenements of the poor, but in the houses of the rich, in the wide streets and along the breezy avenues, and among the hills and valleys.

Many European writers have believed that this is a disease peculiar to this country. This is a mistake; for as Dr. Trousseau very justly remarks, it has always been observed and shows itself in all countries under the same circumstances of season, age, and bodily state, and he describes it as *cholera infantile.* Sydenham says, "There is a cholera morbus exceedingly fatal to infants," and while it may be more prevalent in the Middle and Western States than in Europe, still even there, under the various heads of infantile disorders—for it is not always properly classified—the death records show it is one of the greatest scourges of childhood.

It is peculiarly a disorder of the hot months. In New York, during a period of eleven years, out of 1,245 deaths from cholera infantum, 1,061 were in the months of July, August, and September. During the first twenty-eight days of July, 1866, a month of great heat, 687 deaths from cholera infantum were reported in a total mortality of all diseases of 3,452. In the preceding trimester, in a total mortality of 5,597, the deaths from cholera infantum were 76.

The late Dr. James Stewart instituted a series of observations—which were given in his prize essay on cholera infantum—to ascertain the relation of atmospheric humidity to cholera infantum, and came to the conclusion that ordinary climatic humidity had but little influence in its development; but directing his attention to the occasional state of the dew-point, as it occurred in localities where the disorder was most rife, the population living in overcrowded underground cellars and tenement houses, he discovered a great difference within doors between it and the general dew-point of the external air, continuing often for a long time. His observations showed—1. That the moisture was always greater near the surface of the earth, the difference at times being 4°. 2. That in very bad weather, in crowded rooms at night, when all were within, the dew-point is very near the temperature of the air, thus saturating it with moisture. With a temperature of 70 to 75, and a dew-point in a crowded room almost equal to the temperature, a feeling of suffocation is experienced, which is easily accounted for when it is known that the dew-point of the breath as it is expelled from the lungs is 94°, and that the mean dew-point of the atmosphere is 38°, and also that in the hottest weather it rarely exceeds 70°.

There may be a kind of intestinal irritation existing for a long time before the setting in of the distinctive indications of cholera infantum, but the attack itself usually resembles an attack of cholera morbus, or even of epidemic cholera in the adult. It is sudden in its invasion, usually coming on with violent purging, the stools rapidly assuming, as the fecal matter is cleared from the intestines, that serous character so peculiar in cholera, rushing from the bowels like water, and followed by great exhaustion, emaciation, and an insatiable thirst. The vomiting, as the disease progresses, becomes frequent, everything taken upon the stomach being thrown up. The pulse, at first quick and sharp,

rapidly loses its strength, and the sunken cheek, the pinched nose, and the death-like coldness of the body tells of the speedy and rapid exhaustion of the vital powers. Sometimes the disease is more slow in its progress, brain troubles or typhoid symptoms being developed, or the child slowly sinks into that weak and exhausted condition in which food only slightly nourishes it.

When the disease has been of short continuance, the mucous membrane of the intestinal canal has been found, on post mortem examination, of an abnormal paleness. In 37 cases which were examined by Dr. J. Lewis Smith after death there was no evidence that the liver was affected, either as to size or in any way involving any modification of function. When the disease has been more protracted, minute red points are found extending more or less through the whole alimentary canal, and looking like small patches of extravasated blood. Sometimes portions of the mucous membrane is softened. The mucous follicles are generally enlarged, and are often in a state or ulceration.

One great cause of the disease is undoubtedly *malnutrition*, and this may arise from a variety of sources. The child may obtain no food except what it draws from the mother's breast, and yet this, by the influences by which she is surrounded, may be so much poison to it. The mother, owing to her food, the devitalizing and septic influences by which she is surrounded, secretes a milk unfit for food, and either fails to nourish or acts like so much poison upon the delicate organization. Where the child is brought up by hand the danger is still greater from the impurity and depressing influence of the atmosphere and the lack of freshness of the food. Thus these little ones, often, it is true, when surrounded by the utmost care and kindness, fall victims to this fearful malady, yet more frequently,—in nine cases out of ten perhaps,—the cause can be directly traced, and with a little care could be avoided.

We call attention now, at the commencement of summer, to the peculiar character of this disease, and its fearful mortality, that we may impress more strongly upon the minds of the profession their own responsibility for the terrible waste of life. The physician should be, to a certain extent, a *moral policeman*, watching carefully the sanitary condition of the houses which he visits, and giving freely that instruction which he thinks needed. People err through ignorance, and often a simple suggestion from the physician, a word fitly spoken, may be the means of saving a human life. In the hot sultry months of summer too much care cannot be given, not only to the purity but the freshness of the food, as a slight change in the milk will often be sufficient to start a trouble which, with all our skill, we shall be unable to combat. Our old preceptor, Dr. Valentine Mott, once said that the triumphs of surgery were not in the number of dissevered limbs to which we could point, but to the number saved, which, but for our skill, would have been lost. The true physician makes his triumph as much in the prevention of disease as the cure.

NEW YORK HOMŒOPATHIC SURGICAL HOSPITAL.

This institution was first opened to the public Thursday evening, June 4th, by a very pleasant reception given by the "Ladies' Aid Society," of the Hospital. It is seldom that a building erected for a private residence can be found so admirably adapted for the purposes of a Hospital as the one so wisely chosen by the managers. It is located in a very elevated position between Broadway and Seventh avenue, the ground seventy-five by two hundred feet, extending from Fifty-fourth to Fifty-fifth street, the house three stories high and fifty feet square. It is furnished with ample light and ventilation, by windows opening on all sides, while its isolated position and distance from the street renders it almost as quiet and free from dust as if it were located in the country.

The ladies, who worked so energetically and with such good results, realizing for this purpose in their grand bazar some two years since, nearly thirty-five thousand dollars, still retain the general management of the institution. If conducted in that broad catholic spirit so essential to every great work, this is but the beginning of what at no distant day will assume more ample proportions, and be looked upon with pride by us all.

Notice to Correspondents.

The publication office of the Medical Union has been removed from No. 93 Liberty street to 18 West 23d street, where our correspondents will in future please address letters, either for the editors or publisher.

Correspondence.

OPENING OF THE INSANE ASYLUM AT MIDDLETOWN.

INSANE ASYLUM, Middletown, N.Y., June 22, 1874.

DEAR UNION: The "formal opening" of this institution, on the 18th instant, was one of those marked events in the history of homœopathy in America, which deserves especial mention in your pages. We had our informal opening—an occasion which was largely improved by the *oi polloi* of the neighborhood—on the 18th and 19th of April; and our doors were open for the reception of patients on the 20th of that month; but it was reserved for the leafy month of June to witness the dedicatory exercises which gave the official *imprimatur* to the first homœopathic government asylum for the insane in the world. The day was as perfect as a picture; and Orange County looked its loveliest as our guests swept toward us by rail, or came across country by carriage. By the commendable liberality of the Village Board of Trustees, and the thoughtful courtesy of many of our citizens, ample means of conveyance were provided to and from every train; and the spacious halls and rooms of our main floor were speedily thronged by a brilliant and interested assemblage of ladies, and of well-known physicians, lawyers, politicians, and citizens. While they were gathering, and examining the lower portions of the building, the board of trustees held a brief but important annual meeting, at which the following officers were re-elected for the ensuing year: Fletcher Harper, Jr. (of New York), *President;* Grinnell Burt (of Warwick), *Vice-Pres.;* Peter S. Hoe (of New York), *Treas.*, and M. D. Stivers (of Middletown), *Sec.*, together with the usual committees. On the conclusion of this session, the dedicatory address was delivered by Hon. A. B. Conger, of Rockland County. Its earnest thoughts, interesting facts and brilliant diction held the audience well pleased for an hour, after which two dining-rooms were thrown open to the throng, many of whose appetites had been well sharpened by their long ride, and the bracing Orange County air. The collation, prepared entirely by the asylum cooks, under the supervision of Mr. and Mrs. S. S. Jocelyn, the steward and housekeeper, was not only plentiful and palatable, but in respect to style and ornamentation fully equal to the occasion, and gave evidence of an excellently managed *cuisine.* To the professional gentlemen and their wives, and to a few others of the invited guests, an opportunity was then afforded of seeing the convalescent wards, the kitchen, bakery, and other points of interest about the building; and at five P.M. our guests were driven to the cars, apparently delighted with all they had seen and heard. If they enjoyed it half as well as *we* did, then *we* are satisfied. The attendance of physicians was large; and among them we noticed Dr. H. W. Holcombe, of New Orleans; Drs. J. W. Dowling, Carmichael, Freeman, Paine, Gray, T. F. Allen, Kellogg, of your city; Dr. Youlin, late president of the American Institute of Homœopathy, many of the Orange County faculty (both homœopathic and allopathic), Dr. Watson, of Utica, and Drs. Paine and Jones, of Albany.

We have now fifteen patients, having lost one by death, and discharged one cured. Thus far, we have every reason to feel entirely satisfied with the results of homœopathic treatment for mental diseases; and feel pretty sure of being able to present to the next session of the American Institute, from the "case-book" kept by our indefatigable assistant physician, Dr. Wm. Morris Butler, some recorded *facts* which will satisfy any "doubting Thomases" in the profession, if such there be! The work of organization of every department of such a service (both indoor and out) has been immense; and its detail, as well as the vigilance which is required to keep the machinery in smoothly running order, is exhaustive. We have, also, as you know, serious difficulties besetting us, arising from the deranged condition of the finances of the State. Still we are cheered by many tokens of interest; by many signs of success; by many hearty words of cheer, of which those so often received from you of the UNION are not the least esteemed. All we want is the practical "backing" of the homœopathic profession. They must remember that we represent *them;* that we are on trial as to our faith and practice, and that, *in us*, *they* are on trial; that from the nature of our institution we are placed in the very fore-front of the battle; that the eyes of the allopathic profession (as well as our own) are upon us—some inimically; some curiously; some again with sincere and courteous interest in our solution of the problems of treatment of mental disease. Admitted by

the liberality of the State to an equal footing with allopathists and their institutions, we cannot, nor do we intend to, dodge any issue presented us. Neither do we intend to be intangled in any of the meshes of *cliqueism* which is the bane of every profession. High and low dilutions will each have their full and impartial trial in developing the perfection of the true Hahnemannian law. For this reason we wish to meet with the support of *all* lovers of that law.

We are beginning, also, to reap the fruits of that love of homœopathy which so widely prevails among the laity. The gift of an elegant cabinet organ from Mrs. A. C. Flagg; of a splendid pulpit copy of the Bible from Miss Flagg; and of a large and valuable historical painting from Mr. C. C. Colgate, all of New York City, are like the first pattering drops of that coming shower of good things which, I hope and believe, will be gradually rained down upon this institution until every hall and room shall be beautified by these visible memorials of the affectionate remembrance on the part of noble and generous men and women of the benefits conferred on them by homœopathy.

Yesterday, Sabbath, June 22d, we held our first chapel service—a brief but most interesting occasion not only to ourselves, but to the patients, most of whom were able to attend. Thus our dedication to the work is complete, and we enter upon it with glad hearts and a willing spirit.

Permit me—through your pages—to extend an invitation to every homœopathic physician who may chance to be passing our way, to come and see us. We insure them a cordial reception. HENRY R. STILES, M.D.

HYDROPHOBIA AND ALLOPATHIC PRACTICE.

MESSRS. EDITORS:—The confusion prevailing in the profession about the above-named disease prompts me to refer to an article published in the July number of last year of the MEDICAL UNION, in which I gave, in a few words, some of the characteristic symptoms (known many years, but recently claimed by Dr. Hammond as his discovery), and added the treatment, which the allopathist, Dr. Fuchs, applied successfully on sixty-eight authenticated cases of rabies. I was induced to do this merely from humane motives, as I cannot and do not claim any personal honor for quoting and translating part of a valuable work, which seems to be entirely unknown to the profession here.

Notwithstanding the valuable information I thus gave, not a word has been breathed by the doctors who talked and wrote so much about the matter, which they neither understood nor could properly handle. Is such a proceeding not criminal? And why does the old mother of sorrows act in this sinful manner? Merely because *they* call me a quack, for the reason that I only prescribe water, diet, and exercise, and because I had the hardihood to cure by these means many who were less cured and generally injured by their mode of practice. Do those who judge me so harshly stand so high above reproach? Let us hear what one of their most eminent men, Professor Kieser ("System of Medicine," vol. I., p. 10), says: "Very many diseases are cured by nature, and in most of acute diseases the physician ought to do nothing but to prevent and remove injurious influences, to do away with any abnormally appearing activity of single systems and organs. If he goes beyond that, either to please a patient longing for drugs, or a particular dogmatic fancy, or perhaps his own purse, he must inflict injury. Thus are often artificial diseases originated; and in a great many cases of medical treatment it can be asserted that consequent chronic misery has been caused only by the guilt of the physician. Therefore, in the present state of practical medicine, every patient ought to be warned against the physician as the most dangerous poison. The history of medicine teaches this as an unfortunate fact; every particular, therefore one-sided, theory of medicine, has killed far more victims than the most terrible epidemics and prolonged wars."

Does not your and my practice prove here even a worse state of affairs? Let me mention only one recent case of a Mrs. W——, who, in the Woman's Hospital in this city was, during three years, treated for uterine and rectal troubles, and so handled and abused, that for thirteen years she was unable to walk, suffering most intensely. In this condition she was brought into my house by Dr. G. C. Brown, which she afterward left rejoicing to have again the use of her limbs and otherwise restored. Before she left the city, she was examined by her former medical tormentors, who expressed their astonishment at the improvement.

Notwithstanding this recent and striking reproof (besides hundreds of similar ones) to their practice, they do the same thing over and over again in similar cases, and heap misery upon their victims. Not because I am wrong in what I say and do, I am abused and sneered at, but because I am what I am. Very truly,

C. C. SCHEFERDECKER.

THE BROOKLYN MATERNITY.

BROOKLYN, JUNE 25, 1874.

A RECEPTION and donation visit was held at this institution on the evening of June 9; during this entire day friends of this noble work called and brought with them their gifts and good wishes. A bountiful collation had been prepared for the evening, after which addresses were made by the Rev. C. R. Everest, of the Church of the Puritans, Mr. W. W. Goodrich, and others.

The words of the first-mentioned gentleman were full of wit and good-will towards homœopathy, and were received with favor. Then followed a historical sketch, by Mr. Goodrich, of the doings of the Maternity during its three years' existence; in it he stated that during the first year $2,100 had been received, and $1,700 paid out; $4,600 were received, and $3,000 expended during the second. The third year $10,000 were received and $12,000 disbursed, $6,700 of which were for the building fund.

The number of patients the first year had been 17, with 34 for the second, and 69 for the third year. Then the speaker mentioned that $2,500 were needed to pay for repairs to the building, and to meet the outlay subscriptions were required.

Mrs. Geo. S. Cary headed the list with an allopathic dose of $5,000, and Mrs. Dorlon donated a house and grounds at Kingston, to be used as a summer retreat for the Maternity.

Diplomas were awarded by Dr. A. E. Sumner to Mrs. Jennie M. White and Miss Sarah A. Allen. The entertainment proved a success, although the evening was stormy.

It would seem proper, in this connection, to give a short account of our Brooklyn Maternity and its present arrangement. It occupies four lots on Concord street, Nos. 44 to 50, and is under the management of a board of ladies capable of carrying on any work they undertake. The resident house physician is Dr. Abbott, who may always be found at his post of duty to the left of the main entrance, and, were I not afraid of his reading this, I would speak highly of his gentlemanly manners and his desire to give all needed information.

To the rear of the doctor's two rooms is the dining-room of the patients, while on the opposite side of this floor we find a sewing-room and the dining-room of the doctor and his aids. The next floor is devoted to the reception rooms, the day nursery, and rooms for Mrs. Weber and her daughter. Mrs. W. has charge of the day nursery, and it must be said her management is excellent, as one sees only happy babies, and breathes fresh air while in this department.

On the next floor we came to the night nursery, and saw some little bits of babies, which the kind doctor assured me were only a few days old, though they cried as if they had made a life-long study of it, so perfect were the inflections they gave their voices; the thought struck me that among them were perhaps some great "orators to come," and so I listened to their accents that I might distinguish them in the future on the stage, and claim their practice on the ground of having been their first admirer.

On the opposite side of this floor are rooms for waiting patients, while to the rear of the hall is a kitchen for the purpose of preparing food for the children. The top floor is devoted entirely to waiting women and confinement cases, of which a goodly number are always on hand.

Closets are plenty throughout the building, and hall-rooms, furnished neatly, are for the use of nurses and students, who will soon have the opportunity of attending a thorough course of lectures. Water and baths are plenty throughout the house, while an obliging elevator, plying between the kitchen in the basement, and all the floors, is ever ready to go up or down, as desired by the many wills capable of desiring; would that we all were as ready for our work and duty.

E. W. V.

The old men are evidently having their turn in Europe at last. Octogenarian generals conquered in the Franco-Prussian war, and the only man whom France could trust to make peace with the ancient German Emperor was the equally ancient Thiers. A month since the two Conchas, one of whom is seventy-four and the other eighty years of age, were, next to Serrano, the most powerful men in Spain.

Transactions.

AMERICAN INSTITUTE OF HOMŒOPATHY.

This time-honored organization, the oldest national medical society in the United States, commenced its twenty-seventh annual session and its thirty-first anniversary at Niagara Falls, Tuesday, June 9, and continued in session four days. The gathering was one of the largest which had ever assembled on a similar occasion, numbering at one time during the session two hundred and sixty members; and as many of them were accompanied by their wives and daughters, the ample parlors and halls of the International Hotel were thronged with bright and happy faces. The outside world and its cares seemed to be shut out from the charmed circle of the Falls. The gray-haired veteran forgot his years; the face of the cynic for a moment lost its habitual expression, and softened into something like humanity. The little bags of wind, puffed up with conceit, seemed to collapse in this genial atmosphere, and the spell lingered around them even in the deliberations of the convention. Those exceedingly wise men, who, in their own estimation, control the destinies of organizations and shape their course, but who, in political parlance, are generally called "wire-pullers," might be seen gliding about the halls and into the side rooms, but a little more quietly as the conviction gradually forced itself upon their minds that they were not the pivotal center of the universe. The convention had evidently decided to run itself, and manage its own affairs in what seemed to them the way most likely to conduce to the general interest and prosperity of the Institute. This was probably owing to the harmonizing influences of the surroundings—partly to the ladies, whose genial influence was everywhere felt; partly to the Falls, whose grandeur and ceaseless roar of waters seemed to thunder in the ears of some of the members a fact of which they were all unconscious before, that there were in nature grander exhibitions of power than themselves; and lastly, to the warm greeting and gentlemanly courtesy of Mr. Fulton, the proprietor of the International, whose efforts for the comfort of his guests were ably seconded by all his employees.

Tuesday morning, the Institute was called to order by the President, Dr. Youlin, of Jersey City, who delivered an address replete with sound practical common-sense, and containing many valuable suggestions. We should be glad to reproduce a portion of this address in the columns of the Medical Union, and also an abstract of some of the valuable papers read, and the discussions thereon, but the terrible threat contained in the resolution passed in the closing hours of the Convention, that any one who dared publish papers read or presented to the Convention should be visited with its dire displeasure, deters us. A year hence, perhaps, the members will see their papers published in "The Transactions," and congratulate themselves upon the power of that fearful threat, which has prevented any journal from laying its impious hand upon them, and presenting the pith and spirit of the whole thing in a condensed form a year before. We can only say, if they like it, we certainly have no objections, and shall confine ourselves in our report to the mere business transactions of the Institute.

The Bureau of Materia Medica presented the following papers: An exhaustive "Proving of Hamamilis Virginica," by W. McGeorge, M. D., of Woodbury, N. J.; "Provings of Tanacetum Vulgare," by A. R. Hills, M.D., of New York; "Provings of Lactic Acid," by A. R. Hills, M.D., and "Provings of Hytec Flown Gentean," by Emma Scott, M.D., of New York, and a very extended proving of the calibar bean by various colleges and individual provers, and a paper, "The Relative Value of Primary and Secondary Symptoms," by E. M. Hale, M.D., of Chicago. These papers were accepted and referred to the committee of publication, with the following proviso, viz., that all single provings of remedies be referred back to the materia medica bureau, and that they be published when they are numerous enough to be collected, and that it shall be the duty of the bureau to make and present such collection. After an earnest speech by Dr. J. P. Dake, of Nashville, on the subject of a provers' college, the Bureau of Materia Medica was closed.

The President announced the Bureau of Materia Medica as follows: Dr. Carroll Dunham, of New York, chairman; Conrad Wesselhorft, Boston; T. F. Allen, New York; E. M. Hale, Chicago; William E. Payne, Bath, Me.; W. M. George, Woodbury, N. J.; J. P. Dake, Nashville, Tenn.; J. Heber Smith, Melrose, Mass.; H. H. Baxter, Cleveland.

The Bureau of Clinical Medicine presented its reports and papers through its chairman, Dr. L. E. Ober, of La Crosse, Wis. The following papers were presented: "Diagnosis, Pathology and Prognosis of Meningitis Cerebro-Spinalis" (spotted fever), by William H. Watson, of Utica, N. Y. Reports of cases of this disease by George H. Hall, of Chicago, and the effects of the disease upon the head, by Bushrod W. James, of Philadelphia. Several other papers on other subjects were also presented, all of which were accepted, and referred to the Committee on Publication.

The President then announced the Bureau of Clinical Medicine for the ensuing year as follows: Drs. H. N. Martin, Philadelphia, chairman; S. Lilienthal, New York; Geo. N. Hall, Chicago; L. E. Ober, La Crosse, Wis.; W. H. Holcombe, New Orleans; E. C. Beckwith, Zanesville, O.; W. H. Watson, Utica, N. Y.; Wm. Eggert, Indianapolis, Ind.; J. F. Cooper, Alleghany, Pa.

Adjourned to Wednesday morning.

Second Day—Morning Session.

The Convention assembled promptly at 9 o'clock. President Youlin in the chair.

The Committee on Botanical Specimens of medical plants growing in the neighborhood of Niagara Falls were ready with a large number of plants, and reported at the opening of the meeting, giving their medicinal uses.

Reports were then heard from the Committee on Climatology, which were presented by Dr. A. R. Wright, of Buffalo, N. Y. The following resolution was adopted: "That the Committee on Climatology be instructed to secure reports from the chief points of observation taken by the signal corps of the army, showing the prevalence of various diseases at these points from time to time."

The committee reports were then closed. The following compose the Committee on Climatology for the ensuing year: Dr. Bushrod W. James, Philadelphia, Pa., chairman; A. R. Wright, Buffalo, N. Y.; Thomas Nichol, Montreal, Canada; L. D. Morse, Memphis, Tenn.; W. H. Leonard, Minneapolis, Minn.; D. H. Beckwith, Cleveland, O.; F. H. Orme, Atlanta, Ga.; T. W. Donovan, St. Augustine, Fla.

The Bureau of Obstetrics reported, through Dr. R. Ludlam, of Chicago, the essays being on "Puerperal Fever." Dr. Ludlam on diagnosis, Dr. O. B. Gause and Dr. J. C. Saunders and others on treatment, read a paper. The papers were discussed and referred to the Committee on Publication.

The Bureau of Gynæcology then presented its report and papers through the chairman, D. S. Lilienthal, of New York. These papers comprised a series of essays on "Uterine Hemorrhage," and a number of miscellaneous papers. The papers on uterine hemorrhage were thoroughly discussed, and the whole were referred to the Committee on Publication.

Evening Session.

At the evening session the Bureau of Pathology presented its report through the chairman, Dr. H. N. Martin, of Philadelphia, being a series of papers on the causes, pathology and treatment of cholera infantum. This summer scourge of large cities was carefully discussed, and the papers were accepted and appropriately referred.

A number of committees made their reports, including that on homœopathic medical colleges, on a homœopathic dispensatory, etc. A new constitution and by-laws, framed by the Bureau of Organization and Statistics, was presented and disposed of.

Wednesday morning the convention reassembled at the usual hour. Dr. Paine submitted the report of the Neurological committee.

After considerable discussion, it was decided that the next place of meeting should be at Put-in-Bay, better known as Kelley's Island, on the second Tuesday in June.

Dr. L. H. Willard, of Alleghany, Pa., read a portion of a lengthy paper upon "Dislocations of the Shoulder, Elbow, and Thumb." Part of a paper upon "Fractures of the Leg" was read by Dr. J. H. McClelland, of Pittsburg, and extracts from a paper on "Fractures and Dislocations of the Ankle," by Dr. S. R. Beckwith. The Chairman gave a brief synopsis of a paper on "Fractures of the Cranium," by Dr. E. C. Franklin.

The general subject and the papers were discussed by Dr. J. D. Buck of Cincinnati, Dr. Grosvenor of Chicago, Dr. Burr of Lansing, and Dr. T. P. Wilson of Cincinnati.

The papers were received and referred, and the Bureau then closed.

The President appointed the following to constitute the Bureau of Surgery for the ensuing year:—L. H. Willard, M.D., Alleghany, Pa.; William M. Helmuth, M.D., New York

City; M. Macfarlan, M.D., Philadelphia, Pa.; E. C. Franklin, M.D., St. Louis, Mo.; H. M. Jernegan, M.D., Boston, Mass.; H. F. Biggar, M.D., Cleveland, O.; J. H. M'Clelland, M.D., Pittsburg, Pa.; George A. Hall, M.D., Chicago, Ill.; J. R. Flowers, M.D., Columbus, O.

In the absence of the Chairman of the Bureau of Ophthalmology and Otology, the reports and papers were presented by Dr. H. C. Houghton, of New York.

A paper on "Congenital Cataract" was read by Dr. J. P. Wilson, and a paper on "Catarrhal Inflammation of the Middle Ear," by Dr. Houghton. A paper on the treatment of the disease considered in the previous essay, written by Dr. W. N. Guernsey, of New York, was read by Dr. W. H. Woodyatt, of Chicago. Several other papers were referred with those mentioned to the Publication Committee.

The Bureau was then closed, and the President announced as the Bureau for the ensuing year the following:—H. C. Houghton, M.D., New York City; J. P. Wilson, M.D., Cincinnati, O.; C. J. Leibold, M.D., New York City; W. H. Woodyatt, M.D., Chicago, Ill.; H. C. Angell, M.D., Boston, Mass.; W. L. Brayfogle, Louisville, Ky.; George S. Norton, New York City.

The President also appointed the following to act as a Bureau of Microscopy, as provided by the newly-adopted By-laws:—O. P. Baer, M.D., Richmond, Ind.; T. F. Allen, M.D., New York City; Bushrod W. James, M.D., Philadelphia, Pa.; J. D. Buck, M.D., Cincinnati, O.; D. G. Woodvine, M.D., Boston, Mass.

Dr. D. Thayer, of Boston, submitted the report of the Committee on Homœopathic Colleges.

The report was adopted, and the President appointed the following as the Committee on Colleges for the ensuing year:—A. E. Small, M.D., Chicago, Ill.; J. P. Dake, M.D., Nashville, Tenn.; J. C. Saunders, M.D., Cleveland, O.; David Thayer, M.D., Boston, Mass.; T. P. Wilson, M.D., Cincinnati, O.

Dr. G. W. Swazey, of Springfield, Mass., the Chairman, presented the report of the Bureau of Psychological Medicine, and gave a synopsis of a paper by Dr. George F. Foote, of Stamford, Ct., on "Psychical Nosology."

Dr. J. H. P. Frost, of Danville, Pa., read a paper on "Psychological Diseases in relation to Homœopathy," and Dr. T. L. Brown of Binghamton, a paper on the "Influence of the mind in the cure of Diseases."

Dr. Swazey then read an essay entitled "Popular Psychology," after which the papers were referred and the Bureau closed.

The President appointed the following to constitute the Bureau for the ensuing year:—Henry R. Stiles, M.D., Middletown, N.Y.; G. W. Swazey, M.D., Springfield, Mass.; G. F. Foote, M.D., Stamford, Ct.; T. L. Brown, M.D., Binghamton, N.Y.; Samuel Worcester, M.D., Burlington, Vt.; J. H. P. Frost, M.D., Danville, Pa.; T. Dwight Stow, M.D., Fall River, Mass.; J. B. Hunt, M.D., Indianapolis, Ind.

At four o'clock the members of the Institute and their friends, to the number of over two hundred, sat down in the dining-room of the International to an elegant banquet. After the good things prepared by Mr. Fulton had been enjoyed to the satisfaction of all, the President, in a few pertinent remarks, introduced the literary portion of the feast. The regular toasts were six in number, and three of the respondents were from Boston. Inasmuch as Boston is the intellectual center of the universe, every one felt she had a perfect right to all the toasts, and were duly grateful that those outside the charmed ring were permitted to say anything. Had it not been for the sparkling wit of Wilson, who convulsed the house, and the happy blending of wit, and irony, and eloquence of Ludlum, in his reply to the toast, "Medical Colleges," the literary part of the feast would have been something of a failure. People who have just had a good dinner are in no mood for learned dissertations or prosy remarks. They want something to stir the blood, and relish best the sparkling wit or the crisp, sharp sentences ringing upon the ear like blows upon the anvil. After-dinner speaking is an art which does not seem to be much cultivated in our profession, many of them going at it with as much solemnity and ponderous wisdom as if they were delivering a eulogy at a funeral, or a scientific dissertation in a college lecture-room.

The closing toast, "To Mr. Fulton, the proprietor of the International," was fully appreciated, and drunk with well-deserved enthusiasm. Not the least of the pleasant remembrances of this meeting will be the home-like feeling and comfort which pervaded this splendid hotel. The evening was devoted to a hop.

As the soft gas-light flooded the spacious room, and the bright, joyous music floated through the air, the scene was full of life and almost magic beauty. The graceful forms and beautiful dresses of the ladies; the doctors, who were on their best behavior, and looking as happy as if they had never known a care in the world; the music, the dance, all combined to form a scene which will never be forgotten.

Friday morning, at the appointed hour, the President called the convention to order. The bureau of legislation reported and was again filled, with but little alteration. Dr. Dunham was continued as chairman of the committee on the world's convention at the Centennial at Philadelphia.

Dr. Lilienthal read a report on Medical Literature, characterized by his usual broad and liberal spirit. There were two journals which received the warmest commendations of the learned professor as being an ornament to the school and just right. The voice of the learned professor slightly trembled as it pictured the great excellence of his own journal, gathering together the cream of medical literature and presenting able original articles. He feared Wilson, of the *Medical Advance*, had a hard road to travel, and hoped the MEDICAL UNION and the *College Journal* would improve as they grew older. We sincerely wish we could return the compliment as it regards the amiable professor and his venerable journal, but we fear it would be hoping against hope, when we remember what the *Quarterly* was under the administration of Holcomb and Preston and Marcy.

The most important business of the morning was the election of officers for the ensuing year. The election of Dr. Holcomb, of New Orleans, for president, was received with enthusiastic applause. Dr. Holcomb is in every sense of the word a Christian gentleman, an able practitioner, and a clear, forcible, and charming writer, not alone upon medical subjects, but in the more graceful and pleasing fields of medical literature.

Dr. Ober, of La Crosse, was unanimously elected vice-president. The American Institute is indeed fortunate in having two such standard-bearers for the ensuing year. The old secretaries and treasurer were re-elected, and at about twelve the meeting adjourned, and two hours after the members were on their way to their distant homes.

Condensed News Items.

Mr. Henry Grinnell, who fitted out an expedition some years since in search of Sir John Franklin, died in this city, on the 3d inst., aged seventy-two.

A case of sporadic cholera occurred in Brooklyn recently, so nearly resembling the Asiatic type as to cause our neighboring city to feel nervous upon the subject. No further cases have been reported.

Rev. Henry Ward Beecher is once more on trial before a committee of six of his congregation, for practices unbecoming a minister. The investigation is at Mr. Beecher's own request.

Gen. Wm. S. Hillyer, the last surviving member of Gen. Grant's original staff, died in Washington City on the 12th inst., of congestion of the lungs.

Kate Stoddard, self-accused of the murder of Mr. Goodrich, a citizen of Brooklyn, during the past year, has been adjudged insane by a commission of physicians.

Reviews of Books.

ANNUAL RECORD OF SCIENCE AND INDUSTRY FOR 1873. Edited by Spencer F. Baird, with the assistance of eminent men of science. Harper & Brothers: 1874.

Three volumes of this Annual Record have already made their appearance, containing a careful resumé of the progress of science throughout the world. It has been the object of the editor to supply, in a small and convenient form for reference, what seemed to him the most important discoveries in theoretical and applied science. The different departments of science are treated under their respective heads, and are compassed under mathematics and astronomy, terrestrial physics and meteorology; physics, chemistry and metallurgy, mineralogy and geology, geography, natural history and zoology, botany, agriculture and rural economy, pisciculture and the fisheries, domestic and household economy, mechanics and engineering, technology, materia medica, therapeutics and hygiène.

It will readily be seen that this work is almost indispensable to those who desire to keep informed of the rapid advancements of the age.

Publisher's Department.

S. J. Albright, Publisher.

Office, 18 West 23d Street, New York.

A Pleasant Visit.

We took occasion, whilst returning from the recent medical convention at Niagara, to make a brief call upon Drs. Smith and Throop, of the Hygienic Institute and hotel, at Geneva, in the central part of this State. To those who know these gentlemen personally, nothing need be said in their commendation, either as to their professional ability or social qualities. To those who are not so fortunate, we can merely advise an acquaintance upon the first favorable opportunity. The Institute building we found delightfully located in full view of Seneca Lake, and fronting a large park heavily shaded by forest trees. Inside, the rooms were large, well-fitted, and perfectly ventilated. The table was provided with the most wholesome of food, excellently prepared and invitingly served. The bathing facilities were all that could be desired, whilst a general air of neatness and comfort pervaded the entire house and its surroundings. All together it is a place which recommends itself to either tourist or invalid,—for either a day or a season.

Whilst at Geneva, we found a most enjoyable day's recreation in a trip to Watkins, at the upper extremity of Seneca Lake. The boats which ply between these points are staunch, swift, and well-officered, with state-rooms for those who desire them, and promenading space for all. The day selected for the sail proved pleasant, with just enough of breeze to send the cloud-shadows scudding briskly over the surface of the water, and into the grottoes, and gorges, and forests beyond. The scenery upon either shore was a constant delight to the eye—an ever-varying yet continued panorama of beauty. Space will not permit even a meager description of Watkins' Glen, with its tortuous windings, its masses of rock, moss and fern covered, and its succession of dashing, cascading waterfalls. To describe all these would require more space than our brief page will permit. But we can sum all up in the advice to our readers that they go and see it for themselves, and daguerreotype upon their mental vision, as we have done, one of the wildest and most picturesque spots which the mind can conceive.

New Work on Hydropathy.

Dr. C. C. Scheferdecker, of this city, who is probably the leading Hydropathic physician in this country, has prepared an exhaustive treatise on "Water-Cure," which is soon to be published as a subscription book. That Dr. S. will do full justice to the matter in review, no one who knows him, and his positive opinions upon the subject, will doubt; and even those who differ with the author in his advanced, and at times radical views upon the treatment of disease, will doubtless find much in the forthcoming volume to interest and instruct.

Saddlery and Harness.

Should our readers have occasion to purchase any article in the way of harness, saddles, blankets, or robes, we commend to them Messrs. Fisher & Osborn, of No. 71 Barclay street. We speak knowingly in the matter, when we guarantee them not only excellent material and good work, but a saving of twenty-five per cent. in price, in comparison to charges of other first-class establishments. See their advertisement, and then see Messrs. Fisher & Osborn themselves for future purchases.

The Comet

Continues its wanderings through space, and every evening becomes more plainly visible. Prof. Some-one, of this city, has put forth a prophecy that on or about the 20th inst. his highness will pay our earth a visit and generally disarrange matters on our little planet. We are entirely content to believe, however, that the wise man professes more than he knows. And believing so, we shall continue our preparation for the August number of The Union, very much as though the Professor had not professed, or the comet had not astonished the world with its

> "Ten million cubic miles of head,
> Ten billion leagues of tail."

The continuation of Dr. Minor's article on 'Tetanus," commenced in the June number, of The Union, and which was to have been concluded in the present number, has been unavoidably delayed until August.

Quite a number of articles, including a letter from Niagara, written at the close of the American Institute Convention, have been unavoidably crowded out. They will appear in the August number.

THE MEDICAL UNION.

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Of Medicine, Surgery and the Collateral Sciences.

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Original Articles.

SLEEP—DREAMS—DEATH.

BY EGBERT GUERNSEY, M. D.

III.—DEATH.

Death has been defined as the permanent cessation of those properties and functions which constitute life. It may in the human form affect the whole body, or a part only. It was at one time conceived by Bichet that death must commence in the heart, the lungs, or the brain, and hence these organs were called the "*halls of death.*" Death is a part of the endless change going on in the world of matter, an apparent necessity of creation, in which a body which has performed the purpose of its organization and ceases to be of use in that capacity is changed to reappear in other conditions or in other combinations, vitalized by the great spirit of life, which is everywhere present, and thus going on through the cycle of eternity, ever changing, never destroyed, dying only to reappear again.

The earth itself, the solid rocks upon which we tread and from which we rear our palaces, the soil from which we derive our food, is little else than a mighty sepulcher composed of the fragments of former organic beings, out of which are constantly springing new forms of beauty, of strength and of use. But it is not of mere organic matter that we purpose to deal with in this article, but of death in that highest of all organized forms, the human body; and to do this we must look upon man, not as a mere vegetable growth, following certain instincts of life, but at his dual existence, at the man within the man, a part of the great divine life, weaving for itself a material investment to enable it to deal with material things in a material world. The separation of the spiritual from the material form is what we call death, but it is in reality the ascent of the man from a lower to a higher condition of life.

Our bodily system consists of a series of *human forms*, woven together and interlaced through each other, one form clothing another, and one form supporting another. If the bony structure is separated from the body, it presents the rude image of a man. If now we take the muscular system which immediately clothes that of the bony form and separate that from the rest of the body, we have a form more fully human than the other, more closely resembling the perfect body. If we treat the arterial and venous system in the same way the likeness to a perfect form is still more apparent, but if we take the brain and nervous system with every nerve-fiber represented, the image seems complete, and almost the perfect man stands before us. The mind acts directly upon and through the nervous system, the most finely organized, the most delicate, the most complete and perfect of all the human tissues. As we examine the body we perceive the higher we ascend towards the soul the more nearly do we approach to a perfect human form. During our life in this world the soul weaves for itself a spiritual body which pervades and fills with life every portion of the material body. Thus the soul is not a mere abstract, thinking principle, but like the body it has its multitude of parts, its variety of organs, its change and flux of constituent elements; when it separates from the material body there is simply a falling away of the particles of matter with which it had clothed itself in its earthly life, and a standing forth in the radiant beauty of its spiritual form. There is

no mistaking it. It is the old form we loved, but how much more beautiful, how much more sweet, divested of its earthly garments. We have seen that man has two bodies, a spiritual and a physical; one mortal, subject to change and decay, and the immortal, a part of the divine life. As dying commences, the spiritual body gradually disengages itself from the physical, and, perfect and entire, complete in every particular, the man himself as he lived, as he thought, as he worked, with the same trains of thought, and the same motives, passes right on from the one life into the other, with every thought in full play. Death has no miraculous change in store for him. There is no sleep for the soul in the quiet of oblivion, and a coming back after ages have rolled away, and, knocking at the gates of the grave, demanding its old body for another resurrection. That body has long since mouldered back to dust, and the simple elements of which it was composed have passed scores of times into other combinations and other forms. The old body with which it fought the battle of life has done its work.

Death, then, is a withdrawal of the spiritual body from the physical; slowly, as the body becomes worn out by age, or at any period of life from the effects of disease or violence. An interesting question to us is, "What are the indications of death and what the signs which mark its approach and final triumph?"

In death by anemia the supply of blood for the heart fails. The heart retains the power of contraction, but there is no blood to contract upon. We see a striking instance of this in sudden and profuse hemorrhage. The countenance and lips become exceedingly pale, cold sweat covers the body, the pupils are dilated, the sight becomes dim, the pulse is weak, and insensibility speedily follows. In connection with these symptoms there is often nausea, excessive restlessness, tossing of the limbs, delirium, and convulsions; breathing faint and gasping, and the struggling for breath so violent that the cold sweat stands in drops upon the forehead, gradually grows fainter and fainter, until death closes the scene. We see a train of symptoms similar to this in the soldier bleeding to death on the battle-field, in the mother flooding after child-birth, and in those cases where large blood-vessels are wounded. In death by anemia, the cessation of the nervous function is occasioned by the lack of blood which should pass to the brain.

Death by *asthenia* is directly the converse of the above. Here the nervous system is the part first affected, and through it the heart and lungs. The heart may be full of blood, yet its power of contraction is gone. Death by *asthenia* is sometimes produced by causes which act powerfully through the nervous system, such as intense grief, joy, and terror. In lingering disorders where there is a long continual drain on the system, the cause of death is owing in part to both *anemia* and *asthenia*. When the blood fails to be arterialized, from some impediment which prevents the air from entering the lungs, we denominate it *asphyxia*, and where it is caused by insensibility of the muscles required for breathing, by disease or injury of the brain or nervous system, *coma* is the result. The signs indicating the approach of death are usually distinctly marked, although not always of long duration. There is often near the termination of life an apparent pause in the progress of disease in which the mind emerges from the clouds which have hung around it and shines with its accustomed brightness, and all physical suffering seems to have subsided. The amendment is not real unless the pulse has improved; the energies of life are otherwise run out, and the lamp is only flashing up for a moment before it goes out in darkness. Where sensibility to outward impressions is lost, and the mind, either delirious or darkened by the mists of death, scenes which have been strongly impressed upon it may reappear and again pass before the mental vision.

Dr. Armstrong departed delivering medical precepts. Lord Tenterden, who passed from the judgment seat to his death-bed, fancied himself still presiding at a trial, and expired with, "Gentlemen of the jury, you will now consider your verdict." Dr. Adams, the author of "Roman Antiquities," imagined himself in school, and uttering the then touching and expressive words, "But it grows dark; the boys may dismiss," instantly died. He mistook the darkness of death, which was casting its film over his eyes, and the eternal rest in which he was entering, for the shades of evening, and the welcome rest which they brought. Before the spirit of Napoleon, in his last moments, was moving the mighty panorama of the past. He was again on the battle-field: at the bridge of Lodi; struggling

by the Pyramids; the thunder of battle was in his ears; and as there passed before his eyes that mighty army he had so often led to victory, "*Tête d'armée!*" burst from his dying lips.

The symptoms indicating the near approach of death are not always the same. Some in their last moments toss the clothes from their chest as if the weight was oppressive. Too often the dying are surrounded by friends who cluster around the bed forgetting that every breath of air is a precious boon, and by their sobs and lamentations torture and agonize the soul in its last moments. The hearing is often painfully acute, even when the patient is supposed to be in a state of insensibility, and the frantic bursts of agony from weeping friends are often to the dying the bitterest ingredient in their cup of death. Sometimes they pick the sheets or work them between their fingers. This may be to excite by friction the sense of touch, or restlessness produced by excited nerves. The functions of the eye become disordered, and black spots or motes and various illusions float before the vision which the patient attempts to clutch with his hands, or brush away.

The shadows of death which hang around the dying seem at times to give the soul a glimpse, before it leaves the body, into the spirit world. In this peculiar state, where the spirit, although not separated from the body, seems partly in another state of existence, there is an expression on the countenance almost unearthly, and occasional words and disjointed sentences, which show, if the spirit is not passing the threshold of another world, and has become conscious of some of its scenes, it is unconscious of anything in this.

A scene which occurred several years since produced a great impression upon my mind: A young lady, a devoted Christian, accomplished and beautiful, and whose fondness for music amounted almost to a passion, was dying. She seemed entirely unconscious, her eyes closed, the limbs cold, the breathing so faint as to scarcely stir the down of a feather. Her friends were standing around, expecting every moment the lamp which was burning so feebly would go out. Suddenly her lips slightly parted, and a strain of heavenly music was heard, at first faint and trembling, and then swelling in volume and harmony until it seemed gushing forth wave on wave of liquid melody. No words could be distinguished, but the strain was like nothing earthly, surpassing in sweetness anything to which I supposed the voice was capable of giving utterance. She was silent for half an hour, when the strain again burst forth, gradually swelling into a song of triumph. It seemed as if she had already crossed the threshold of the spirit land, caught the symphony of the skies, and was tuning her harp to the song of angels. In a few minutes she was dead.

When disease passes into dying, the symptoms assume a certain defined character, which generally tells the tale to every eye. The eyes, half closed and turned upwards, wear a glazed and filmy appearance. Cheeks and temples are generally sunken, the nose sharp, the lips and face pale, and bearing that ashy hue which involuntarily reminds one of death, or livid with the dark blood which creeps sluggishly through the veins. The voice loses its familiar tones and becomes faint, or comes with a muffled sound. The cold of death seizes the extremities, and gradually creeps towards the center of life. The breath is chill, cold, and clammy sweat bedews the skin. The respiration, whether faint and languid or labored, grows slow and feeble. The breath comes with a gurgling sound, and the death-rattle is heard with every respiration. The lungs, like the pulse, are intermittent, and the breath comes in broken gasps. The pulse is faint and intermittent, and the artery hardly swells beneath the finger. The pulse ceases, trembles along the artery, and again ceases; the heart flutters, the chest faintly rises; it is the last effort of expiring vitality. Again the pulse quivers beneath the finger—stops—and all is over. "Life's fitful dream is past."

We often read of terrible death struggles, of the awful shadows of the grave, which seem to float around the dying and freeze the soul with terror; but a great deal of this agony exists only in the imagination of the writer.

Nature, more kindly than man, gently prepares the soul for its final separation from the body. However long and protracted may have been the suffering of disease, when dying commences pain ceases. There is no violent tearing the soul from the body, but a dreamy sense of languor steals over the frame, and the tired form glides off into a dreamless sleep. How beautifully Dickens illustrates the coming of our great friend in his description of the death of little Paul: "'How fast the river runs between its green banks and the rushes,

Floy! But it's very near the sea. I hear the waves! They always said so!' The motion of the boat now seems lulling him to rest. How green the banks are, how bright the flowers growing on them, and how tall the rushes! Now the boat is out at sea, but gliding smoothly on. And now there was a shore before him. Who stood on the bank? 'Mamma is like you, Floy. I know her by the face! But tell them the print upon the stairs at school is not divine enough. The light about the head is shining on me as I go."

The testimony of all who have in reality experienced what death is and have been able to tell us of their feelings, is unanimous on this one point, that death is easy and free from pain. "Had I the strength to write," said William Hunter, in his last moments, "I would write how easy and delightful it is to die." "I had thought dying had been more difficult," exclaimed Louis XIV., in his last moments. Montaign having met with an accident which it was supposed had proved fatal, said, on restoration to consciousness, "I thought that life hung upon my lips, and I closed my eyes to help me in expelling it; and I had a serene pleasure in the belief that I was passing away." Those who have nearly died from strangling, suffocation, and drowning, all agree that after the first shock the sensation is one of pleasure.

And why is it that the cup of death should be looked upon as the cup of trembling, and that it should be draped about with mourning? As we look out upon the natural world we see the process of death going on under very different conditions. There is something soothing beyond description when Nature puts on her death robes. How peacefully does it come over the landscape, and what brilliancy does it fling upon the woods of Autumn! And as we look along the western horizon, where parting day crimsons the sky with glory, what a contrast is there in the way in which it comes to Nature and to man. This flesh which we wear is the foliage of an immortal life, and there is no reason why it should not fade away in its season, still and peaceful as Autumn leaves, that this interior life may flower forth anew in the glories of unending Spring. There is no reason why it should not steal on the decaying sense without a pang, so that while the mortal fades away the immortal appears. Is death, then, something to be dreaded, something to chill the blood with fear? No; rather a white-winged angel, fanning us with its wings, gathering us in its arms, and lifting us up into our eternal rest.

"So live that when thy summons comes to join
The innumerable caravan that move
To that mysterious realm, where each shall take
His chamber in the silent halls of death,
Thou go not like the galley slave at night,
Scourged to his dungeon, but sustained and soothed
By an unfaltering trust; approach thy grave
Like one that draws the drapery of his couch
About him, and lies down to pleasant dreams."

THERAPEUTIC HINTS.

BY DR. SEARLE.

Ulcerated throat, after scarlet fever, with ichorous sanious discharge from the nose, Mercurius cyanuret, third to sixth, is beautifully curative.

Ovarian neuralgia, crude ammonia mur. is almost a specific.

In synovitis and bursitis, sticta is a very valuable remedy.

Tinea Capitis. A very bad case of years' duration, was rapidly cured by conium, third, and a lotion of the tincture in water.

Earache. Ninety-nine times out of a hundred it is inflammatory, and should be treated as such.

Hemorrhoids. These are often excessively painful in puerperal women, just after confinement. They may be greatly relieved by ice-bags of rubber or oiled silk applied to the tumors, replaced as soon as it melts, within an hour absence of pain will be obtained. Then wet a cloth in ice-water, leave it in contact with the parts; this prevents pain from reaction.

Hemorrhage, post partum, is to be expected when the pains of labor are sharp, but short, with long intervals. It may also be looked for when the pulse remains rapid, or pain of an aching character extends from the back down the limbs.

Hysteria may be diagnosed by touching the epiglottis with the finger; if this part is insensible, then the case is hysterical; this has been tested in 20,000 cases by a French physician.

Nourishing injections. Remove the fat from the pancreas of the hog, and chop it fine. Fifty to one hundred grains added to one hundred and fifty or two hundred grains of lean beef, pounded in a mortar with warm water, and inject through a syringe of large aperture.

Phytolacca is said to cure mammary abscess

in thirty-six hours, if administered in doses of xv or xxgt of the fluid extract.

In Rheumatic affections, with slow pulse, kalmia lat. is the remedy.

Acne facei.—Dr. Ringer advises an ointment of iodide of sulphur.

Boils may be aborted by gently rubbing the surface every three or four hours with the tips of the fingers wet in spirits of camphor, and then covering the spot with flannel soaked in camphorated oil.

In the Indigestion of Children during Summer complaints, the Lacto Peptine is very useful as a palliative. A good diet for such patients when digestion is very weak, is grated or finely chopped raw meat with salt, and a little red pepper. Let the dish containing it stand in hot water till the meat is warmed through.

Epistaxis, or nose bleed.—Stuff cotton under upper lip, and tie a cord passing beneath the nose and over the ears, tightly behind the head. *Carbo veg.*, is the best remedy.

Freckles.—Small round ones can be removed by the application of chlorine water, every night and morning, allowing it to dry in. For the more dense ones, chloride of lime, one to ten, fifteen or twenty parts of water, according to the sensitiveness of the skin. When using the stronger solutions, merely touch the spots with a moistened camel's hair brush.

Hiccough.—Spasmodic may sometimes be stopped by applying a compress over the stomach, and a binder over the abdomen. In bad cases, it must be kept on for several hours.

Foreign bodies in the nose.—These may be removed by giving the patient an emetic, and when about to vomit, hold a cloth tightly over the mouth.

Felon.—Apply in its incipiency strong nitric acid ; it will always abort the disease.

Homœopathy.—At a recent meeting of the Medical Society of Northern New York, at Saratoga, Dr. A. H. Holden, the president, in his excellent address, in speaking of the Homœopathic law of cure, used the following just and forcible language: "*Similia similibus curantur*, has been adopted by its followers as a shibboleth, a creed, and a battle cry. Any practitioner who accepts this maxim as a verity and is guided by it in his choice of remedies, whatever may be his views concerning their action, or the size of the dose, or the strength of the attenuation, or the mode of its preparation or administration is a follower of Hahnemann, and a Homœopathist. Those who fail to adopt this *sine qua non* of our faith, no matter how high or low the potencies, they are not Homœopathists in any fair or commonly accepted definition of that term. Thus, the simple, uncultured nurse who administers a modicum of castor oil for looseness of the bowels, or an emetic of ipecac for nausea and vomiting, is, in truth, a better Homœopathist than he who follows the hysteric vagaries of an old maid in determining the provings of a remedy hitherto considered inert, although it may have been administered in the 30th, or 30,000th potency."

A Human Skull in Solid Rock.

A VERY strange discovery, interesting to geologists, is reported by the *Osage Mission* (Kansas) *Journal*. A human skull was recently found near that place, imbedded in a solid rock which was broken open by blasting. Dr. Weirley, of Osage Mission, compared it with a modern skull which he had in his office, and found that, though it resembled the latter in general shape, it was an inch and a quarter larger in greatest diameter, and much better developed in some other particulars. He says of the relic: "It is that of the cranium of the human species, of large size, imbedded in conglomerate rock of the tertiary class, and found several feet beneath the surface. Parts of the frontal, parietal, and occipital bones were carried away by explosion. The piece of rock holding the remains weighs some forty or fifty pounds, with many impressions of marine shells, and through it runs a vein of quartz, or within the cranium crystallized organic matter, and by the aid of a microscope, presents a beautiful appearance." Neither Lyell nor Hugh Miller, it is stated, nor any of the rest of the subterranean explorers, reports anything so remarkable as this discovery at Osage Mission. The Neander man comes the nearest to it, but the Neanderthal bones were found in loam only two or three feet below the surface, whereas this Kansas skull was discovered in solid rock.

A Remarkable Case.

A CHILD four and one-half months old, in this city, swallowed a silver fruit-knife two and three-quarter inches long. Four months afterwards the knife passed the bowels. During the interval the child suffered much, but is now in good health.

THE TREATMENT OF TRAUMATIC TETANUS.

BY JOHN C. MINOR, M. D.

[*Concluded from the June Number.*]

In my previous article the treatment of Traumatic Tetanus by Calabar bean was considered. It was found, from a careful comparison of statistics, that to this remedy a most important place must be conceded among the remedial agents which have fairly deserved a certain degree of confidence in actual practice.

If the statistics can be relied upon it must be considered the most efficacious of all remedies in the treatment of this disease. We found that the greatest mortality under its use occurred in the more acute forms of the malady, and that although its action, when boldly pushed, produced many brilliant cures in apparently hopeless cases, yet, after all is said in its favor, we are still left with a frightful mortality; we are still without any satisfactory treatment when brought face to face with this dreadful disease.

It is not my intention to mention all the methods of treatment which have been used, but to consider only those which commend themselves to my own judgment, and that is my excuse for dismissing entirely all but three methods, namely: Calabar bean, chloral, neurotomy. The first of these methods is the result of the experiments and researches of English and German surgeons; the other two belong mainly to the French school of surgery; and I shall now consider them as briefly as possible.

Chloral was largely used during the Franco-Prussian war in the hospitals in Paris, and is to-day relied upon, almost to the exclusion of other methods of treatment, by the French surgeons.

Gosselin, in his *Clinique Chirurgicale de l'Hopital de la Charité*, gives his experience in treating traumatic tetanus with chloral, recommending that remedy as the most reliable agent to use, but expressing himself as far from satisfied with the result. But Gosselin's experience only covered about half a dozen cases, and it is probable that he has never tried the Calabar bean.

During the Franco-Prussian war the number of cases of traumatic tetanus was either very limited, considering the number of wounded, or the surgical records are very incomplete, since but few have as yet appeared in print; but every case, so far as my information goes, was treated with chloral or morphine, but by far the largest number were treated with chloral alone.

[I regret that the circumstances under which I write this article compel me to depend on my memory and a few memoranda which I happen to have with me, and deprive me of the advantages of reference to many of the authorities which I shall quote. Libraries are not easily carried about on Summer vacations.]

I have already said, with reference to Calabar bean, that its power of curing did not reside in any special relation of the drug to the disease. It cures by holding one half of the spinal system dormant, so that it is not easily impressed by the irritation of the other half. This process of cure is also carried out under the administration of chloral. It is a pure anæsthetic, acting primarily upon the cerebral system, but controlling the spinal system as well. One effect of Calabar bean is upon the lymphatic system in diminishing the power of absorption, and this power is not possessed by chloral. But we may confidently assume that, so far as any antagonism between the drug and the disease is concerned, chloral is as impotent as Calabar bean. Both act by throwing the nervous system into a dormant state; both cure by keeping up this condition until the disease has expended its violence upon a senseless tissue; both fail when the action of the disease is more powerful than the drug action. Why, then, should one be more efficacious than the other? So far as my opinion goes, the answer is very simple, for I do not know. There can be no question that the profound anæsthesia of chloral is detrimental to the exhibition of such nourishment and stimulation as the patient requires, and that the action of Calabar bean, which permits the patient to enjoy full consciousness and intelligence, is favorable to a supporting and nourishing treatment; but, even with this advantage, I can still find no convincing reason for my preference for Calabar bean other than the fact of its superiority having been demonstrated by statistics in consecutive cases.

In looking over the cases of traumatic tetanus treated with chloral by the French surgeons, it seems to me that the acute cases all die, and the recoveries are entirely confined to the milder type of the disease. This was certainly not due to any timidity in administering the chloral, which, according to the latest method, is given by injection directly into a vein. In this way Cruveilhier injected two

hundred and thirty grains at one dose in a case recently. Labbé injected the same amount in another. Tillaux, Vernuil, Oré, and many others, have administered it in the same manner in doses that seldom contained less than one hundred grains and oftener exceeded two hundred. This is heroic, but it is not success, because the results are as poor as by any other treatment. Indeed, some of these cases, particularly the one reported by Cruveilhier and that of Leon Labbé, incline the unprejudiced reader to suspect that the patients died from too much chloral. And yet, even in these cases where patients were profoundly under the influence of chloral for twenty and thirty hours at a time, perfectly unconscious, the muscular twitchings of the face and occasional convulsive movements showed that the most extreme action of the remedy could not cover all the ground invaded by the disease. There is, it is true, a certain control of the symptoms, but it is not absolute, and the nervous lesions remain untouched.

I can give but few statistics that are reliable concerning the use of chloral in traumatic tetanus. Gosselin lost half of his cases. Brinet, during the siege of Paris, had four cases treated with chloral ; two recovered and two died. Vernuil has saved five cases with chloral injections ; but, as he reports no deaths, there is a reasonable doubt as to the value of his report, especially as he is a strong partisan of the intravenous injections of chloral. Chauvel had two cases and lost both. Le Dentu had the same experience.

What, then, shall we say of chloral? For me it is merely a substitute for chloroform, and chloroform is, like morphine, a garrotte which stifles the cries of a patient. Plainly, it is better than nothing for a mild case, and in an acute case an overdose is the best dose for the patient, if not for the physician. It cannot cure even a mild case, but it can give muscular repose ; and if that is of any good to the patient, chloral is as good as anything, Calabar bean excepted, better perhaps than morphine. Of the three methods of treatment which we are considering, I should certainly place it last in the list so far as the order of efficiency is concerned.

It now remains to consider neurotomy, to my mind the most important of all methods.

No one who carefully studies the clinical reports of the cases of traumatic tetanus treated in this country and in Great Britain can fail to notice how often the cure of a case is either preceded or immediately followed by the development of a pustule or abscess at the seat of the original wound and the exit of pus, and, in many cases, some foreign body. This clinical experience is of sufficient frequency to attract attention, and I mention it because it has a most important significance when considered in its possible relation to the nervous lesion.

In 1807, after the battle of Eylau, Baron Larrey dissected the stump of a patient who had died of traumatic tetanus after an amputation of the arm, and found that the median nerve had been included in the ligature of the artery. The extremity of this nerve was red and swollen. Very many analogous cases demonstrated the influence of nervous lesions upon the production of tetanus. The irritation of a ligature, a fragment of bone, its inclusion in a cicatrix, its exposure to cold, etc., may produce such a lesion of the nerve as will result in traumatic tetanus. In another case, when a soldier was attacked with traumatic tetanus after an amputation of the thigh, Baron Larrey's experience led him to suspect that the crural nerve was included in the ligature of the femoral artery, and he accordingly divided the ligature, and the tetanus was immediately relieved. It required other treatment—the actual cautery—before he was entirely cured, but it is enough that the diagnosis was proved to be correct.

Dupuytren has also borne testimony to the local origin and the local treatment of traumatic tetanus ; but as a recognized method of treatment it has been entirely ignored, most authorities seldom giving it even a mention in their works.

Let us briefly consider the theoretical basis upon which neurotomy may rest its claims as a rational method of treatment.

The nerves conduct sensitive impressions from the periphery to the nervous centres and likewise carry to the periphery the motor influences emanating from these centers. An impression produced upon the tip of the finger is conveyed by the nerves to the neck, where it is perceived or recognized. If we cut the nerve we interrupt the transmission of the sensation, which is no longer perceived. That which occurs in the normal state may also occur in the pathological. A region may be the seat of morbid impressions. In one case we may have a neuralgia to deal with, and in another a case of traumatic tetanus ; in both, if we cut the

nerve supplying the part, we prevent the transmission of the morbid impressions and their influence upon the nervous system ceases. The reflex tetanic contractions disappear or are considerably ameliorated.

But the very basis of this treatment rests upon the local origin of the disease, a fact which will be conceded by most pathologists, however they may differ as to the nature of the secondary lesions. We must consider what influence the local lesion has in the production of traumatic tetanus. We shall often find that the symptoms of the disease give the strongest evidence that the whole disease is produced by a local cause, and that its origin is in some particular nerve. A wound becomes painful; the pain thus produced radiates in the limb where it is thus produced, and from the limb it extends to the central nervous system. At each exacerbation of the local pain, a flash of pain shoots from this center and is perceived in the jaws, the neck, and back, and is accompanied by an exaggeration of the muscular contractions. In other cases there may not be so much pain, but we have tonic muscular contractions in the wounded limb spreading generally to the whole muscular system. Here again the augmentation of the local spasm is followed by the convulsive movements of the jaws, neck, and trunk. How does this compare with the effects of electricity? An important question. If we tetanize an isolated muscular group by an electric current which traverses a single nerve, the tetanic condition spreads and becomes general, traveling from one group to another, not from any change in the direction of the current, but from its prolonged or intensified effect. It seems as though when one nerve had been submitted to the current for a longer time than it was capable of bearing its influence, it no longer retained the current, but transmitted it to the nearest neighbor, and so on, till the whole muscular system is tetanic. If, instead of the electric current, we suppose a morbid influence, acting upon a nerve we have gained the clearest possible idea of the transmission of the disease from one part to another in a case of traumatic tetanus.

Bringing our analysis still closer, we shall find that not merely the symptoms, but the nature of the lesions which produce traumatic tetanus demonstrate the action of the local injury, and especially the nervous injury, upon the production of the disease. These lesions are always present, as a special traumatic characteristic, but in order to demonstrate their influence beyond a doubt, it is necessary to find clinical experiences in cases where the lesion is limited to a single nervous trunk. The *cause* of the tetanus may then be appreciated and acknowledged. Are there any such clinical facts?

A piece of a whip encysted in the cubital nerve produced tetanus and death (Dupuytren). A hemorrhage from an artery near the sciatic nerve was controlled by a ligature which engaged the nerve. A fatal tetanus resulted (Descot). A fragment of a stocking thrust among the ramifications of the external plantar nerve by a nail upon which the patient had trodden produced the same disease, with a fatal termination (Vernois). A ligature including both the crural nerve and artery, resulted in tetanus (Larrey).

If we examine the circumstances under which traumatic tetanus appears, we shall find at first an infinite variety, but on a careful consideration there will be no confusion in the general result. We may have an insignificant wound from a pin, a nail, or other trifling instrument by which a slight laceration of the nerve is produced. Or a bone may be splintered, and a contusion of the nerve result. The nerve may be twisted in the torsion of an artery, tied in a ligature, or punctured by the surgeon's needle. What is the result of these wounds?

Whatever the nature of the injury, the anfractuosities or irregular divisions of the nerve trunk are separated by shreds of tissue belonging either to the capillary vessels, the nervous tubules, or the neurilemma. Besides the fragments of broken down-tissue, we may discover, upon the bruised tissue surface, extravasations of blood more or less abundant. These extravasations and the organic *débris* may be absorbed, and give no further trouble. But sometimes the *débris* is in such circumstances as not to permit of its organization or absorption, it can no longer sustain its life, and undergoes mortification. An exposure to cold or wet may determine the unhappy result. Sometimes these extravasations, from some irritation, may undergo suppuration, or remain in the condition of incompletely absorbed blood-clots.

These blood-clots, or fibrinous clots, collections of pus or organic *débris* when in contact with the nervous tubules, although they may

be so small as to be scarcely appreciable to the naked eye, are nevertheless veritable foreign bodies, and act as the exciting agents upon the nerve.

It is easy enough to demonstrate the extreme facility with which even the very lightest contact with a nerve suffices to develop in the nerves and nervous centers those singular currents of heat whose production is indicated by the needle of the thermascope, as shown by Schiff ("Mémoire dans les Archives de Physiologie," 1869–1870). Traumatic tetanus is probably seldom produced, except under the pathological conditions of the nerves above enumerated.

I question whether there is really any good reason for the standard assertion of most authorities, that traumatic tetanus is a disease without a lesion. Certainly there are enough materials at hand to demonstrate at least the local and nervous origin of the disease. "Very often," says Lauriac ("Thése de Strasbourg," 1869), "we find the signs of inflammation in the neurilemma which envelops the bundles of nervous filaments. Friedrich, among others, in more than thirty autopsies, always found traces of inflammation in the nerves." Létievant, in his magnificent work ("Traités des Sections Nerveuses"), gives a masterly survey of the whole subject in such a thorough essay upon the local origin of the disease as must convince the most skeptical.

Certain practical cases may be cited in point. Rizzoli cured one case of traumatic tetanus by removing the offending body, a decayed tooth. He cured another by removing a toe-nail affected with onychia. Dr. J. Robie Wood, of this city, cured a case just like the preceding one in the same manner. Removing the cause cured the disease.

Experimental physiology supports this view. Brown-Séquard produced a tetanus by thrusting a nail into a dog's foot. He cured it by dividing the nerves of the foot.

Time and space are so limited that we must omit further consideration of the theoretical part of this subject and proceed to our conclusions, but we may first assume that certain facts are already established, namely :

That traumatic tetanus has its origin in the nerves of the wound. That the principal cause of this complication exists in the presence upon the nerve or in its tissue, of a foreign body or irritating organic *débris* acting in effect like a foreign body.

That under the influence of these agents, currents of pain, contractions, and thermal currents, are established in the nerves, and retained in the central nervous system.

That this stimulus is the first cause of traumatic tetanus.

That the wound is, then, for this disease what Bunsen's element is for the induction apparatus—it is the focus from which are produced currents which modify and augment themselves. On breaking the conductors of the element we suppress the play of the element; likewise on dividing the nerve-conductor of tetanic irritation we suppress this also and suspend the general disorder of tetanus.

This is the reason for dividing the nerve in traumatic tetanus. Létievant ("Traités des Sections Nerveuses,") gives sixteen cases in which traumatic tetanus was treated by dividing the nerves, and his list might easily be extended to at least fifty cases by a fuller reference to English and American reports. Of these sixteen cases, ten succeeded and six failed. A critical analysis of these cases brings us to the following conclusions of that author, which seem to be logical.

It is not destined to cure all cases of tetanus. Like all methods, it has its indications and its contra-indications. Its employment is especially indicated in the following cases :

1. "Whenever the tetanus is preceded or accompanied by local muscular contractions radiating from the wound and induced by its irritation. In this case, the location of the spasms upon a group of muscles indicate at once the nerve which must be divided."

2. "Whenever, the local pain being violent, pressure along the course of one or more nerves radiating from the wound increases the pain. This gives a certain guide to the nerve appropriate for section."

3. "Whenever intense local pain co-exists with a wound in which the nervous lesion can be located with a tolerable degree of anatomical precision, as in tetanus occurring from punctured wounds of the palmar or plantar regions."

4. "Whenever the exacerbations of local pain seem to be followed by the general spasms forming a tetanic *aura*.

The local symptoms in traumatic tetanus occur more frequently than would be supposed from the incomplete records of the disease that are published. They are prominent in most

cases, and are of the utmost importance clinically.

Will this method answer in acute cases of the severe type of the disease? Six out of the ten recoveries were of this kind. It may be necessary to divide more than one nerve, and it is only an exceptional thing for the tetanus to stop immediately The patient recovers gradually, the spasms becoming lighter until they cease.

Finally, I may sum up all I have to say on the treatment of traumatic tetanus in a few words. In the next case I have, my treatment will depend very materially on the location of the wound. If it should occur after ovariotomy or an operation upon the trunk, there would be no use in attempting neurotomy. I should then depend upon Calabar-bean, with an occasional dose of chloral, in order to give sleep at night (but the chloral would be used only for the insomnia, not for the tetanus). If the wound was upon the head or any of the extremities, I should first of all divide the nerve and give my patient at the same time the benefit of the treatment by Calabar-bean.

HYDROPHOBIA.

M. Bouley, the most distinguished of French veterinarians, speaking upon the subject of hydrophobia, says:

"Hydrophobia is not a sudden disease, appearing like apoplexy. It does not instantly carry the dog it attacks from the most flourishing state of health to a condition of furious delirium, which impels it to bite every animal it meets. Far from it; for canine rabies has its premonitory signs. Several days before the manifestation of the furious symptoms the rabid dog testifies by a change of habit that it is not in its normal state; it is restless, agitated, retires into dark places, beneath furniture in rooms, the manger in stables, and, if it is a watch-dog, to the interior of its kennel. These early signs, which have not yet a very precise significance, are manifested in the interior of houses where dogs are always relieved from their muzzles. At this period they have no tendency to fly—to escape. On the contrary, their attachment for their owner having increased, they are more sedentary, and abstain from their habitual peregrinations. It is not until later, at the moment when the malady has obtained absolute sway over them, that they escape from their master's domicile. Once outside, the excitement they experience, especially when they see other dogs, soon increases the disease to its highest paroxysm. Then their destructiveness commences, and continues in proportion to the opportunities that offer. They escape from home always unmuzzled. Therefore, the muzzling, considered as a means of preventing the propagation of rabies from the canine to the human species, is a perfectly useless measure; because, in the ordinary course of things, it is applied only, and can be applied only, to inoffensive dogs. Of what use, then, in a prophylactic point of view, is this muzzling, which we would render obligatory upon all dogs, when, by the force of circumstances, it is really mad dogs that, in the majority of instances, are exempted from this obligation which is most frequently imposed upon those in perfect health.

Morphine for Hypodermic Injection.—The ordinary solution of morphine, owing to the acid used in its solution, is apt to produce sores. To avoid this trouble it is necessary to obtain a neutral solution. The *Lancet* recommends the following formula:

Acetate of morphine, one scruple;
Water, 140 minims;
Acetic acid, 5 minims.

Dissolve with gentle heat in a test tube. The solution measures just 160 minims, consequently, 8 minims contain one grain of acetate of morphine. The *Pharmaceutical Journal* prefers meconic to acetic acid, obtaining, thereby, a neutral and stable solution of one in twelve.

Oatmeal, Bone, and Muscle.

Liebig has shown that oatmeal is almost as nutritious as the very best English beef, and that it is richer than wheaten bread in the elements that go to form bone and muscle. Professor Forbes, of Edinburgh, during some twenty years, measured the breadth and height, and also tested the strength of both the arms and loins of the students in the university—a very numerous class, and of various nationalities, drawn to Edinburgh by the fame of his teaching. He found that in height, breadth of chest and shoulders, and strength of arms and loins, the Belgians were at the bottom of the list; a little above them the French; very much higher the English; and highest of all, the Scotch and Scotch-Irish.

DOES DYNAMIC ELECTRICITY CURE ACCORDING TO THE LAW OF SIMILARS?

BY JOHN BUTLER, M.D., L.R.C.P.E., L.R.C.S.J.

Electro-therapeutist to Brooklyn Hom. Hospital Dispensary, formerly visiting physician to Newport Infirmary, Monmouthshire, England.

In my first researches in Electro-therapeutics, finding that in many instances I produced an aggravation of the very symptoms which it was my design to ameliorate, and being therefore struck with the idea that electricity might possibly be homœopathic to some conditions, I resolved to follow up the idea by actual experiment, and in doing so, have come to the following conclusions, viz.:

1. That electricity (dynamic) in any form can be transmitted through any tissue in the body, without producing symptoms of disease (that is to say, symptoms of alteration of the existing normal conditions), is an impossibility.

2. That such symptoms may be slight, superficial, and transient, or severe, deep, and destructive, according to the nature, quantity, and intensity of the current employed, and the character of the tissue through which it is transmitted.

3. That each and every form of electro-current has a peculiar and unique pathogenesis, and and is capable of curing just such a disease as it begets.

It is not my intention to try to unravel the entanglement of so-called electro-physiology in its present state, of which electro-therapy is so much in advance, as the merest tyro in the science is well aware, nor to descant on the various contradictory and absurd theories laid down in books ; but avoiding any argument on accepted theories, I will merely endeavor to prove that dynamic electricity cures according to the law of similars.

The difficulties in the way of obtaining a complete and reliable proving of the action of electricity, are these :

1st. That comparatively few persons will submit themselves to the number of painful and tedious processes which are necessary to secure the full physiological effects.

2d. That the symptoms produced after the removal of the electrodes differ in most instances from, and are in some the opposite of (see head and cervical sympathetic), the effects observed during the action of the current, and are liable to be confused.

3d. The tediousness to the operator and patient, as, of course, each organ in the body must be separately acted on many times before the full effects are obtained ; and no matter how willing a victim the person operated upon may be to the cause of science, he will soon tire of the harsh treatment.

The following very imperfect proving, gathered and verified during many years' practice and patient research, is respectfully submitted to the profession, with the hope that it may stimulate others in the same field of labor, and that we may sometime have a perfect proving of this valuable remedy :

The symptoms are given as near as possible *in the order of their occurrence*, commencing at the moment of completion of the circuit, no distinction being made between the symptoms appearing during the transmission of the current, and those manifesting themselves after its cessation, fearing that, with our present imperfect knowledge, in throwing out the chaff we might possibly lose some of the grain also.

The results of experiments on vivisected animals have not been alluded to, unless verified by myself on the human subject, or likely to be of service in practice, in which latter case the symptom is marked by a (?), as being unproven.

The currents Galvanic and Faradic are so like, and yet so different in their action, that, for the purpose of ready comparison, I have arranged them side by side.

The names of authorities follow symptoms first described or discovered by them.

I have not been able to follow the beaten track in classifying the symptoms under the head of the organ in which they are produced, which method answers admirably in the proving of drugs taken by the mouth into the stomach, but for obvious reasons would not do for the subject under consideration ; so I have arranged the symptoms under the heading of the tissues or locations through which the current is transmitted.

I have made but little allusion to the direction of the current (ascending or descending), so much dwelt on by some authors, as to the difference of its physiological effects, not being able to see any marked difference of action, except this, that greater irritation is produced under the cathode than under the anode, and I think this would account for the various shades of color produced by changing

the poles in galvanization of the retina (*see* Eye Symptoms); also, for its action upon the acoustic nerve, etc.

The length of seance, or the quantity and intensity of the current used in the different provings varies so much—symptoms being manifested in some individuals by the use of a very mild current, and a very short seance, while others tolerated a current of extreme tension (the tissue and location operated on being the same) for a considerable length of time before the same effects were developed—that it is impossible to give any definite direction in regard to it, every variety of tension being used, from one to sixty cells, and every extreme of quantity from half ounce bisulphate of mercury cells to three gallon cells of bichromate of potash solution. Under the head of therapeutics this subject will be fully discussed.

PATHOGENESIS.

Action on skin and subjacent tissues without regard to direction or location.

GALVANIC CURRENT.	FARADIC CURRENT.
A burning sensation under both rheophores, most marked under negative.	Tingling, elevation of papillæ, acute, darting, lancinating pain under points of contact, most marked under negative electrode. Anasthesia of skin between rheophores, especially if the points of contact be close together, and the current interrupted by rapid intermissions. Congestion and redness of skin most marked under influence of second helix.
Increase of temperature, hyperæmia and hyperæsthesia.	
Inflammation with burning pain, as if the part was being seared with a hot iron.	
Vesication.*	
Effusion of serum in deeper tissues, sloughing of skin and deeper tissues, leaving an ulcer difficult to heal. A mild current applied for a short time produces an intolerable itching of skin, coming on about eight or ten hours after application.	Itching coming on about eight or ten hours after application. Acne of back and shoulders has followed in several instances faradization of spine, where, before the use of the current, the skin had been perfectly healthy.

HEAD AND CERVICAL SYMPATHETIC NERVE.

GALVANIC.	FARADIC.
Dizziness.	Dazzling.
Vertigo.	Suffocation.
Dimness of sight.	Characteristic neuralgic pain. (*See* SKIN.)
Patient feels as if about to fall towards the side on which the positive electrode is placed.	
Diplegic contractions.—*Remak.*	
Dilatation of pupil.	
Phosphenes.	
Muscæ volitantes.	
Anæmia of retina and brain.—*Hammond.*	
Paleness of conjunctiva and tympanum.	
Protrusion of eyeball, decrease of temperature, and drowsiness during transmission of current.	
This condition, after removal of electrodes, is soon followed by a throbbing headache, congestion of brain, quickened pulse, and increase of temperature.	
Eye-balls become suffused.	
Ringing in ears.	
Profuse perspiration in axillæ.	
Insomnia.	
Budge says galvanization of medulla oblongata produces relaxation of heart,* and makes it spread out (?)	
Vertigo, hemorrhage, congestion, convulsions.—*Neftel.*	
Applied to auriculo maxillary fossa: vertigo, with loss of equilibrium, and nausea.—*Neftel.*	

EARS.

GALVANIC.	FARADIC.
Characteristic burning pain. Noises like the bubbling of boiling oil.—*Volta.*	Roaring, rushing noise, as if of wind.
Vertigo.	Tickling, pricking sensation, followed by lancinating pain.
Metallic taste on lateral and middle part of tongue on side operated upon.	Metallic taste on lateral and middle part of tongue, on side operated upon.
Sensation of warmth.	Tinnitus aurium.
Increased secretion of ear-wax.	
Congestion of tympanum.	
Distinct musical sound at opening and closing of circuit.—*Ritter.*	
Positive electrode in ear produces a sensation of pressure from without inwards; negative, from within outwards.—*Brenner.*	
Lower current intensities generally call forth murmurs higher—musical sounds.—*Neftel.*	
Gustatory sensations, salivation, and cough.—*Neftel.*	

EYES.

GALVANIC.	FARADIC.
Galvanization of that portion of spinal cord lying between the seventh cervical and sixth dorsal vertebræ, produces dilatation of pupils.—*Waller and Budge.*	A current passed through the eye produces lancinating pain, copious secretion of tears, oval, vertical, or transverse dilatation of pupil, according as the current is passed horizontally or vertically.
A current passed directly through the eye produces flashes of light at opening and closing of	Pupil can be dilated or constricted according as

* See General Galvanization.

* Archiv. von Roser und Wunderlich, 1846, Band V.

GALVANIC.	FARADIC.
circuit. Dimness of sight, congestion, increased lachrymal secretion, muscæ volitantes, anode, a blue light cathode, reddish-yellow.—*Purkinjé.*	the current is made to act on the dilator or constrictor muscles of iris.—*Beard and Rockwell.*
Anode—objects appear less distinct. Cathode—more distinct.—*Helmholtz.*	
Duchenne records a case of amaurosis accidentally produced by the galvanic current.—(Page 17, "Localized Electrization.")	

NOSE.

GALVANIC.	FARADIC.
Applied to the Schneiderian membrane, sensation as if about to sneeze, with inability to do so.	Titillation.
Anosmia.	Sensation as if about to sneeze.
Congestion and inflammation, suppuration, etc.	Profuse watery secretion followed by a thicker discharge, with sense of stuffiness and fullness.

MOUTH, TONGUE, ETC.

GALVANIC.	FARADIC.
Peculiar metallic taste.	Metallic taste.
Profuse secretion from all the salivary glands.	Characteristic pains. (*See* SKIN.)
Flashes of light.	Twitching of tongue.
Characteristic toothache.	Numbness of tongue.
Vitiation of taste.	Profuse salivation.
Loss of taste.	
Tongue feels paralyzed.	

PNEUMOGASTRIC NERVE.

GALVANIC.	FARADIC.
Above junction with spinal accessory.	Indefinable procordial sensation, with sense of suffocation.—*Duchenne.*
Contraction of larynx, pharynx, and œsophagus.	Spasmodic breathing and cough.
Peripheral galvanization of inferior laryngeal branch.	Spasm of muscles of larynx, pharynx, etc.
Spasm of glottis. Retards heart's action to complete paralysis in diastole?—*Neftel.*	Pain over region of chest and pit of stomach.
Contracts smooth muscular fibers of bronchi; diminishing their caliber, and contracts stomach intestines and uterus?—*Neftel.*	Frequency of respiration increased.
Central galvanization of cervical end.	Syncope.
Accelerates the inspiratory movements to tetanic inspiration.	Sugar in urine.—*Bernard, Duchenne, and others.*
Increases production of sugar and salivary secretion.	
Diminishes pancreatic secretion; diminishes the blood pressure, and retards heart's action.—*Neftel.*	
Trunk of nerve.	
Coughing (?)—*Krimer and Romberg.*	
Upper part.	
Sugar in blood; in cerebro-spinal fluid, secretion of urine suspended, saliva increased, respiration quickened.—*Bernard.*	
Lower part.	
Pulsation of heart ceased (?)—*Bernard, Brown-Sequard, and others.*	
Tetanic respiration.	
Diaphragm permanently contracted during action of current.—*Traube.*	

PHRENIC NERVES.

GALVANIC.	FARADIC.
Inspiratory movements at opening and closing of circuit.	Tetanic respiration, hiccough, etc.
Sobbing, hiccough, etc.	

SPLANCHNIC NERVES.

GALVANIC.	FARADIC.
Pallor of surface and syncope.—*Neftel.*	No proving.
Peristaltic motions of intestines cease.—*Pfluger.*	

SPINAL CORD.

GALVANIC.	FARADIC.
Convulsions at moment of closing circuit.	Rigid cramps of all the muscles in the body.—*Matteucci.*
Paralysis by continuous current.—*Meyer.*	Muscles of trunk and extremities thrown into convulsions, which last some time after breaking the circuit.—*Matteucci.*
Pupil of eye enlarges when current is transmitted through upper part of dorsal spine.—*Waller and Budge.*	
Galvanization of lumbar spine produces contraction of ductus deferentes, bladder, lower part of rectum and uterus.	

A current passed from mouth to anus produces the following symptoms:

GALVANIC.	FARADIC.
Gastralgia, with sinking feeling in stomach (*See* TONGUE).	Tetanization of sacro-spinal muscles, respiratory muscles, and muscles of extremities.—*Duchenne.*
Muscles convulsively contracted and fæces voided.—*Aldini.*	Should the current be sufficiently strong, complete opisthotonos; heart's action and respiration accelerated.
The whole of the sympathetic system is thus included, and we have in addition the symptoms mentioned under head of cervical sympathetic and splanchnic.	

URINARY ORGANS.

GALVANIC.	FARADIC.
Bladder contracts at opening and closing of circuit; less so during transmission.	Bladder contracts violently and expels contents.

GALVANIC.	FARADIC.
Contents expelled.	Horrible pain in hypogastric region.—*Duchenne.*
Pain in abdomen, sometimes followed by nausea.	Pain along ureters extending to kidneys.
Pain in region of kidneys.	Primary current acts on bladder better than secondary.—*Duchenne.*
A profuse flow of urine generally follows the use of a current passed from lumbar region through bladder.	

SEXUAL ORGANS.

GALVANIC.	FARADIC.
Vas deferens contracts.	The characteristic neuralgic pain produced by this current is more marked in the testicle than in any other organ in the body.
Testes drawn up.	Spermatic cord contracted.
Scrotum rugated.	Scrotum rugated.
Burning pain through testes and cord.	Acute pain, as if the testes were being torn from the cord.—*Duchenne.*
Penis becomes erect by passing a current from anus to glans penis.	
Faradaic current produces opposite effect.	

UTERUS.

GALVANIC.	FARADIC.
Contracts both during and after transmission of current.	Contracts violently during transmission of current.
Contractions more violent if the current is passed through the length of the organ than transversely. Pain in lumbo-sacral region, nausea, and vomiting.	Profuse bloody discharge both at time of seance and for two or three days following.
Profuse flow of blood, lasting three or four days.	Slight mucous leucorrhœa.
Leucorrhœa at first watery and transparent, afterwards yellow, viscid, and flaky.	Pain in hypogastric region.
Congestion, inflammation and œdema of cervix, etc.	Nausea.

METASTASES.—According to Lænnec, suppression of hemorrhoids is said to engender apoplexy of the lungs oftener than bleeding. Spitting of blood has been seen to occur after the disappearance (drying up) of skin diseases and abscesses, and after the cure of fistulæ-in-ano.

HOMŒOPATHY IN RUSSIA.—Homœopathy has not only obtained a firm footing in the capital, but is quietly making its way and gaining ground in various parts of the country. The Homœopathic Medical Society of St. Petersburg has established a dispensary for out-door patients, which began its operations in August, 1870. The poor receive advice and medicine free, and somewhat less than a shilling is required from those who can afford it.

The Snow Plant of the Sierras.

ONE of the grandest objects, says the San Francisco *Bulletin*, which meets the eye of the traveler in our mountains is the exquisite plant, the snow plant of the Sierras—the *Sarcodes Sanguinea* of John Torrey, the botanist. It is an inhabitant only of the higher Sierras, being rarely found below an altitude of 4,000 feet, and its glorious crimson spike of flowers may be seen early in May forcing itself through the snows which at that period cling about the sides of our pine forests. The portion of the plant which is visible above the soil is a bright rosy crimson in color, and presents the strongest contrast to the dark-green of the pines and the shimmer of the snow. Its root is succulent, thick, and abundantly free from moisture, attaching itself to the roots of other plants, principally to the species of the pine family. Hence it is among those curious members of the vegetable world which are known to botanists as parasites, and is consequently entirely incapable of cultivation.

Yellow Fever and Electricity.

A CORRESPONDENT, writing from Fayette, Mississippi, to the *Scientific American*, gives a curious succession of observed facts, which may lead to a clearer understanding of the conditions under which yellow fever is generated, and, as a consequence, to new methods of preventing or curing the disease. He says that prior to the breaking out of the fever, and during the prevalence of the epidemic, the rains are unaccompanied by lightning and thunder, which in other seasons are common. There was only one peal of thunder heard in this county between the middle of September and the latter part of October. In 1855, at a school celebration, a sufficient amount of electricity could not be generated to perform the simplest experiment with the electrical apparatus, and shortly thereafter the yellow fever broke out and raged terribly. The writer draws the conclusion from these facts, that the prevalence of yellow fever is dependent upon the electrical condition of the atmosphere, and suggests that science may be made to supply the necessary conditions to public health.

WELTWITSCH tells of a plant, an oxalis, growing in Angola, Africa, which is so sensitive that it closes its leaves on hearing (so to speak) a footfall in its neighborhood.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

PHYSIOLOGICAL ACTION OF COCA, TEA, COFFEE, ETC.

Dr. Bennett gives an interesting account of some physiological experiments upon the lower animals, of coca, tea, coffee, guanaca, and cocoa, from which he concludes that cocoaine, theine, caffeine, guaranine, and theobromine are powerful poisons, inducing a series of symptoms affecting the nervous, respiratory, circulatory, vaso-motor, and glandular systems, which terminate, if the dose be large enough, in death.

These five principles are, he thinks, identical in physiological action. In small doses, not ending fatally, but producing excitement, not succeeded by coma; complete paralysis of sensibility; tetanic spasms, convulsions, and death. They paralyze the entire posterior column of the spine, and also the entire system of peripheral sensory nerves; but the anterior column of the cord and the peripheral motor-nerves are not paralyzed. They frequently produce convulsions of a clonic character, but occasionally they cause tetanic spasms of great severity. They do not produce muscular paralysis. They at first impede, then increase, and lastly stop respiration. They at first increase, and finally diminish, both the power and frequency of the heart's action. They produce at first contraction and afterwards dilation of the capillaries and small blood-vessels, with stasis of the blood, indicating at first irritation, and then paralysis of the vaso-motor nerves.

They affect the temperature by first slightly lowering and secondly increasing it. They usually produce contractions of the pupil, an increase of the salivary secretion, and sometimes a peculiar form of tenesmus, accompanied by a copious discharge of clear mucus from the bowels. These conclusions have been reached after the most careful experiments on more than one hundred animals of different kinds.

This physiological picture of the drug action of these potent remedial agents is exceedingly interesting when placed by the side of our drug provings of the same remedies. How accurately the revelations of the microscope and the knife confirm the provings which may be found in our materia medica, and how often we have been able to recognize in the diseased organism this drug disease, and have cured by discontinuing the beverages whose active principles had produced the trouble!

Why is it, when every physiological investigation is but a confirmation of our own belief as it regards the action of drugs and the law of cure, that the investigators themselves, with the evidence directly before them, refuse to see the real principle for which we contend? How can Brown-Séquard, rising from his investigation of the action of *ergot* and *belladonna* on the spinal cord, reproducing with his drugs a pathological condition precisely similar to the picture which may be seen in our provings of the same drug, say, as he has done, that the homœopath is either a knave or a fool, and the system not worth a moment's serious consideration.

If we are not understood, may not the fault be to a certain extent our own? Our pathological picture is often so obscured by bad arrangement that the mind in contemplating it, unless accustomed to the study, becomes confused, and turns from it as from a chaotic mass, in which nothing is clear and well-defined. Symptoms are thrown together in a confused jumble, requiring some skill and practice to group them together into anything intelligible. We, with our training in that kind of work, may

be able to pick out the grain from the chaff, but the casual observer would be likely to turn from the task with incredulity. The text in all our provings is too much obscured by minor and unimportant symptoms, which are apt to mislead and confuse. Until we can reduce our materia medica to some more systematic and intelligible form, we shall continue to be misunderstood. Instead of being the text-book of all schools as it ought and would be if properly arranged, it will be confined to our own school, and even there fail to instruct as it should.

The general idea of our materia medica is undoubtedly the correct one. The fault we find is in the lack of proper arrangement, the accumulation of unimportant symptoms, and the lumbering up our books with a mass of rubbish which has no practical use, and only serves to mislead and confuse. Let the student unaccustomed to the study of our materia medica and with no previous knowledge of the pathological change produced by the drug, sit down to a careful study of some of our recent provings and he would find himself lost in a labyrinth in which he would search in vain for some guiding thread to lead him out of its tangled mazes. A very careful Homœopathic student once said in our hearing, on rising from a close and prolonged study of the provings of a drug, *Lactic-acid*, "How easy it will be after this to practice medicine! We shall only require one drug, and that will be *Lactic-acid*. In accordance to this record, it is capable of curing every disease with which the human system may be afflicted."

Several years ago, the provings of a drug were given to the public by one who occupied a leading position in our school, as a physician, distinguished in the community as a man of more than ordinary scientific attainments, in which occurred the following symptom: "Three days after taking the drug an emission of warm flatus." This important fact was given with the utmost gravity, in what purported to be a careful scientific proving. We find in many of our more modern provings, and in some of our older ones also, the strong lines of the picture, its distinctive characteristics, blurred and marred by a mass of detail, which is apt to confuse the eye and confound the judgment. These weak points are eagerly seized hold of by our adversaries, and used as a weapon of ridicule. And yet we cannot conceal the fact—it is apparent in the scientific investigations constantly going on in every department of our profession, it peeps out on almost every page of the leading allopathic journals and text-books—that *their* most brilliant discoveries are directly in the line of and most emphatically in confirmation of the great principles for which *our* school contends. Their cures are becoming every day more and more Homœopathic, and if we are not careful, while we are busy in searching out microscopic symptoms from the mountains which are piled up before us, we shall lose our own strong vantage-ground, and they will beat us with the grand and trenchant weapons of our own school. We may witness a repetition in the medical profession of the great historical fact, in which the old abolitionists, after having inaugurated a movement, were crowded into the background by modern republicans.

HOMEOPATHIC STATE INSANE ASYLUM. A FEW PLAIN FACTS.

A RECENT visit to our State Homœopathic Insane Asylum, at Middletown, has awakened in our mind mingled feelings of pleasure and apprehension. Pleasure, in that we have so noble a building, so admirably equipped, and with a *menage*, both professional and domestic, so well organized and fitted for its appropriate work—pleasure, also, in that we find in its officers such a singleness of purpose to make it, by every means in their power, *the* representative institution of our school. On the other hand, as intimated, we find cause for apprehension in the financial position of the asylum—or, we might rather say, in the manner in which its financial condition is met by those upon whom its great interests mainly devolve.

From the last Legislature, after a protracted and determined fight to overcome the prejudices and misrepresentations which seemed to en-

velop its character as an inheritance from its earlier management, the asylum finally obtained an appropriation of $167,000, barely sufficing to pay its back debts, continue and complete the partly finished and much needed new building, and to enable it to commence house-keeping. The money thus granted, has so far proved unattainable. The Comptroller, strictly guarding a State treasury, already fearfully depleted (in fact almost empty), by the ruinous extravagance of various Legislatures and officials, has taken his position (impregnable in the eyes of honest men), that he will not borrow from the Sinking Fund, or from other specific funds, to pay appropriations to asylums—that he can and will only pay the sums due to asylum appropriations, in May, 1875, when the income from State taxes shall place in his hands the moneys legitimately due for such purposes. In this, every right thinking business man will justify him. What then becomes the duty of the trustees of this asylum. Suppose the sum appropriated to the asylum had been appropriated to their own business uses, and that it must be had in order to pay their own liabilities and to carry on their business without failure or suspension—would they not go into the market and make a determined effort to raise the money thus pledged on the faith of the State? And would they not succeed? Has money been so difficult to obtain at fair rates of interest, during the past six months, that they could not have obtained it, on such a pledge, if they had made a determined effort? Instead of this, they have frittered away this precious time in appointing committees which do nothing; in having interviews with officials which amount to nothing; in twisting and turning to find some loop-hole in the law by which the Comptroller shall be compelled to pay the appropriation; or in questioning as to who will pay the interest, if they adopt the only straightforward, practical plan of meeting the issue, *i. e.*, of borrowing the money. As a consequence, their credit is impaired; back debts are harassing them; present living expenses are nearly doubled, since everything is bought on credit, and therefore, at an economical disadvantage, and the whole working of the establishment is daily embarrassed and imperiled; and the position of its officers is one of the gravest anxiety. Why is this? Why this dodging of an issue forced upon them by the financial circumstances of the State, and which should be squarely met? The other State asylums are "in the same boat," but we hear of no such shillyshallying on the part of their trustees. The Board of Trustees at the asylum in Poughkeepsie have advanced the sum of $69,000 to meet this emergency. If the gentlemen acting in a similar capacity for our asylum (and they are all, individually, gentlemen of the finest personal character, business ability, and social standing) are unwilling to do for the asylum as they would be obliged to do for themselves in a similar business emergency—would it not be honest and proper for them to give way to others who will accept and perform the responsibilities involved in the trusteeship of this institution?

The inherent fault of organization of this asylum (one originally devised before it became a State institution—with the design of securing the most extended influence throughout the State) is that it is too large and too widely scattered a Board of Trustees. Twenty-one in number, located in five counties, from New York to Utica—it is practically very difficult to obtain a working quorum of either board, or of its committees. A meeting of either involves so much travel, and a loss of a day to business, which few or none of its trustees (all men of large business) can well afford; and the delays, vexations, and embarrassment to the working of the asylum arising from this cause alone are enough to set one wild. We only wonder that Superintendent Stiles keeps as "level a head" as he does. Again, the distance at which many members of the asylum board and committees live from Middletown, necessarily shortens their meetings to an unsatisfactory briefness, which precludes that full consideration of business which the interests of the institution demand. Rushing in, on one train, and anxiously waiting, watch in hand, for the next train out,

gives little opportunity for the proper discussion of matters often involving the deepest interest of patients, and of management.

To the least reflective minds, it must be apparent that this matter of trusteeship, in any of our State asylums, was beneficently intended as something more than a mere honorary appointment from the Governor. It was meant to secure for these institutions the personal experience, counsel, and kindly influence of gentlemen whose business and social characters offered an additional guarantee for the proper management of charitable institutions. But, if these gentlemen cannot afford sufficient time from their own business; if they are not willing to apply to this duty the same business tact, experience, earnestness of purpose, and especially the same amount of nerve, which they would apply to their own business; if, in other words, they do not appreciate the honor conferred upon them sufficiently to carry out its duties in a high spirit of loyalty to the State which has thus honored them—it would seem only just to themselves and to the State, that they should resign in favor of others who can and will. And such others *can* be found.

HYDROPHOBIA.

It seems to be impossible for our citizens to exist for any length of time without a panic of some kind. This may be a necessity of our natures to work off a certain amount of gas among our medical men, and of fright among the people, and thereby save us from more serious troubles; but when carried to excess, it becomes extremely uncomfortable. One year we are frightened by the threatened approach of cholera. We sniff it in every breeze, and watch its approach with almost breathless anxiety. Another year small-pox lifts its fearful head in our midst. The officers of the *Health Board* perambulate the city night and day "stamping it out;" and many a nice fee falls into the physician's pocket from vaccination; and many a young physician gets his first start in his profession from his connection with the army of vaccinators which the Health authorities send out into every nook and corner of the city.

These panics may be productive of some good in insuring a more cleanly condition of the city, and are certainly not open to the objection of the utterly senseless panic, in favor of which not one word can be said, which is now exciting the minds of the community. Would it not be wise for our city authorities to book up a little in natural history, and learn the habits of dogs, before passing their cruel muzzling edict, and driving them to the slaughter-house to be slowly suffocated. The treatment and slaughtering of dogs during the past month has been simply brutal, unworthy a civilized community. Ignorant of the fact that the muzzle prevents the lolling of the tongue, which enables the dog to get rid of a certain amount of heat, and also of the fact that the muzzle can be no protection if taken off in the house; and also that the records of rabies show that the majority of cases have occurred not in summer, but in colder weather, we are annually treated to the disgusting spectacle which has sickened us during the past month. If some of our wise officials, with the distinguished chemist who has been taxing his scientific brain in vain to discover a gas which would suffocate in an hour's time, could be shut up with the dogs, while friend Bergh should turn on the gas, it might be a blessing to humanity. Two or three recent deaths from hydrophobia has directed the attention of careful inquirers to the nature of the terrible malady, and we hope the investigations will be carried on until some prompt and effectual remedy, better than is now known, can be found to control it. In the *post mortem* examination of McCormick, who died recently, there were taken portions of the cortical substance of the brain; (2) sections of the corpus striatum; (3) sections of the optic thalamus; (4) sections of the cerebellum; (5) the pons varolii; (6) the medulla oblongata; (7) a section of the spinal cord, at the level of the second pair of cervical nerves; (8) a portion of the pneumogastric nerve from the neck.

a. The blood vessels were increased in size

and number, and their walls appeared to be thickened.

b. There were minute extravasations of blood throughout, in some of which the blood-disks could still be distinguished, but in most of them they were broken down.

c. The external layer of nerve-cells had almost entirely been replaced by fatty matter, in the form of oil globules. The cells that remained were filled with a highly refracting granular material, which was also oil in very minute particles. None of these cells were binoculear. Amyloid corpuscles were discovered generally at the junction of this with the next stratum.

d. The second layer of cells had also to a great degree been replaced by fat, but not to the same extent as the outer layer. It is well known that this layer is composed of more numerous and larger cells than the outer, but there was no doubt of their atrophy or disappearance.

Numerous extravasations of blood could be seen with the naked eye, but with an inch objective they were more clearly made out. The vessels were then seen to be enlarged, and more numerous than in the normal condition. The gray matter forming the nuclei of the pneumogastric and hypoglossal nerves was observed to be of a distinctly granular appearance, and the roots of the nerves presented a like characteristic. In other respects the section exhibited nothing abnormal.

Examined with a fourth-inch objective, this granular matter of the nuclei was seen to consist of oil globules and amyloid corpuscles. The cells were ascertained to be atrophied both in size and numbers. Indeed they had almost entirely disappeared.

The section of the spinal cord was made at a point about midway between the first and second cervical nerves. The gray matter was found in a state of granular and fatty degeneration, the cells atrophied, and the nerve-roots in a similar condition.

A single examination of this kind really casts but little light upon the matter, as we find nearly the same conditions existing in cases of tetanus, and many of the conditions also present in persons who have died from alcoholism, or who have been subject to attacks of epilepsy. Cramer relates that in the year 1852, in Hamburg, 100 persons were bitten by rabid dogs, and that only one died of symptoms of hydrophobia. Loisner, of Vienna, insists that inoculation fails to prove the contagious theory, as only fifteen per cent. of those inoculated with the saliva showed signs of hydrophobia, while in many cases entirely different symptoms were produced, such as nervous fevers, catarrhal, or epilepsy. Dr. Hammond, who was present at the *post mortem* examination of Entwistle, who recently died at Bellevue Hospital, with all the symptoms of hydrophobia, believed, contrary to the opinion of the attending physician, who insisted it was rabies, that the cause of death was, from the combined effects of congestion of the brain, whiskey and fright. We have abundant proof that the bite of a mad dog does not necessarily prove fatal, or even produce hydrophobia, except where certain fevers or inflammation of the lungs are developed, while inoculation from the *blood* of the mad dog produced no effect whatever. Hartwig cites 137 dogs bitten by rabid dogs, and of all these only six died with symptoms of hydrophobia while the rest remained perfectly well. The dog which bit Ada Clare, the actress, also bit several others, one of whom said the dog bit into the flesh of his arm, and hung there, and yet Ada Clare was the only one who showed symptoms of hydrophobia. In Paris, with a population of over two millions, there were only two cases of hydrophobia last year, and in New York and Brooklyn, with a population of a million and a half, there were only three cases.

If, as many pathologists assert, and as *post mortem* examinations would seem to reveal, the pathological conditions shown by the knife and the microscope, are similar to those found in tetanus, in epilepsy, and in alcoholism, may not the disease which is called hydrophobia be produced by other causes as well as from the bite of the rabid dog. Cases are on record where the bite of a dog which never showed any signs of madness, was followed by hydro-

phobia. A case came under the cognizance of the Medical Society of Montpelier, where two brothers were bitten by the same dog. One went to Holland, and remained ten years. On his return, he ascertained that his brother had died two years after the bite, with hydrophobia, and that night he was taken sick, and died with the same disease. In this case ten years had elapsed since the bite, and the question naturally arises, was the hydrophobia the result of the bite or of fright?

After all our investigations we find ourselves but a little way on the road to a satisfactory conclusion of what is the nature of hydrophobia, what the disturbing element, and what its peculiar action upon the nerve-centers and the vital organism. Our efforts at treatment have been still less satisfactory, unless we except perhaps the hot-bath treatment, an account of which was given in a recent number of the UNION, and which in several cases where it was tried seemed to be productive of positive good. With the peculiar nature of the investigations of our school, as it regards drug action and chemical agents, some drug acting specifically on the nerve-centers, or chemical power neutralizing the poison, should be in the direct line of our researches, and if pushed forward energetically and intelligently, lead to the most satisfactory results.

Correspondence.

NIAGARA FALLS.

June 14, 1874,

EDITORS MEDICAL UNION :—The American Institute of Homœopathy yesterday closed its Twenty-seventh Annual Meeting at this place ; and as regards members, intelligence, and practical work performed, it has resulted more satisfactory, probably, than any which have preceded. The attendance was very large, and the delegates generally appeared determined to make of it something more than a mere social gathering, in which hob-nobbing and wine-drinking should take the place of real work and scientific investigation. There were many familiar faces present—veteran ("veterinary," the facetious Ludlum termed them in his pleasant after-dinner speech) members of the Institute, some of whom stood sponsors at its christening ; sound old heads, who dared to come boldly to the front and avow their faith at a time when, to save a patient by Homœopathy, required greater moral courage than to kill him by any other mode of treatment. But matters have undergone a material change since that time, as may be inferred from the fact as stated by Dr. Youlin, in his excellent opening address to the Convention, that in the United States alone are now some six thousand practicing Homœopathic physicians, and a large number of hospitals, dispensaries, asylums, etc.; and he might have added another six thousand to the practitioners, had he included all who surreptitiously practice Homœopathy, but without the courage to break the shackles which bind them to the veritable "veterinary" system—those astute gentlemen who can discover no virtue in drugs unless they be done up in pound packages. A political opponent once twitted Henry Clay for having modified his former views upon a certain question of policy. "A wise man," retorted the great statesman, "changes his views when he finds them to be erroneous ; fools and bigots never do." In certain districts of Tennessee and the Carolinas, I am told that "the family doctor" still bleeds and purges his patients as regularly as the spring comes round, no matter whether they be sick or well. It has been the "regular practice" for generations, and any deviation therefrom would be rank heresy and therapeutic rebellion. This is "heroic" to a purpose, and none of your half-opathic treatment, of which the "regulars" of the present day are so often guilty. Excuse the diversion.

The papers read before the Convention were generally of sterling merit, exhibiting great care and research in their preparation, and did honor alike to the authors and to the school. To the rule, however, there were some exceptions, where the writers succeeded in burying almost out of sight an occasional nice point or practical suggestion under a verbosity of words and uninteresting detail, thus rendering the entire paper dull and unprofitable.

Surgery found most admirable representatives in the Convention. If the taunt that Homœopathy lacked surgical ability was ever true, the assertion certainly holds good no longer, for we are fully up to the standard of knowledge reached by our conventional breth-

ren of the old school, as exhibited in the discussions, and papers read during the early proceedings of the Convention. Not to particularize, I may say that all the different bureaus—including Materia Medica, Gynæcology, Obstetrics, Pædology, and Climatology—were ably represented in their essays and discussions upon these separate specialities. And speaking of essays, reminds me of a very shortsighted and unwise (to my mind) proceeding of the Convention during the last hour of its session. That was to forbid the publishing of any of the papers read before that body, previous to their publication as a portion of the regular proceedings, in book form,—an event which will probably occur some time during the coming year. One would suppose there would be merit in spreading before the profession, at the earliest moment, through the medium of Homœopathic journals, such contributions as were deserving of such distinction. Not so, however, thought the Convention ; and its commands will doubtless be generally respected, whatever may be the views of journalists as to the wisdom of the order ; and whatever loss to science and the profession at large shall occur from the delayed publication and limited circulation of these papers, will be rightly chargeable to the vote which makes silence compulsory.

The Convention was especially fortunate in its presiding officer. To Dr. Youlin great credit is due, not only for the good order preserved in its daily sittings, but for the celerity and promptness with which its business was transacted throughout. Methodical and decisive, he has proved himself a model worthy of imitation. If, in a few instances, undue liberty and latitude were permitted, they were exceptions which may well be overlooked in view of the tight curb drawn, as a general rule, upon a limited number, who, doubtless from soliloquizing upon their own importance, have pretty nearly argued themselves into the happy conclusion that in themselves is concentrated all that is worthy of honor and respect in Homœopathy. It would be well if these dazzling luminaries were snuffed down in future sessions, so that lesser and more modest lights might occasionally twinkle into sight. They should be reminded that they numerically represent but the five-hundredth fraction of the Institute membership, and intellectually probably not the five-thousandth.

Dr. Holcombe, of New Orleans, was unanimously selected as President of the Institute for the ensuing year. His acknowledged eminence in the profession, his prominence as a man of letters, and his fine culture, no less than his social qualities, were all taken into consideration, doubtless, in making the selection. The office could not have been more worthily bestowed, had the entire Homœopathic directory been searched for a name worthy the honor. Dr. Ober, of La Crosse, Wis., was chosen as Vice President ; Dr. McClatchey, the late able General Secretary, was installed into the same position for another year. The Provisional Secretaryship fell to Dr. James, of Philadelphia ; and Dr. Kellogg was chosen Treasurer.

Put-in-Bay, an eligible point located upon Kelley's Island in Lake Erie, near Sandusky City, was selected by the Convention as a place of meeting for 1875, provided suitable arrangements can be concluded with the hotels, as to accommodation and terms, by the committee appointed for that purpose.

The third afternoon of the session was given up to social enjoyment. At four o'clock the delegates, accompanied by their ladies, sat down to a dinner tendered to the Convention by the proprietor of the International. The dining-room was artistically decked out with flags, and was fragrant with flowers, whilst the tables groaned under the weight of substantials and delicacies which would have tempted the veriest anchorite to become a barmacide for the nonce. Following the repast came toasts and responses, interluded by music from a most excellent band furnished for the occasion. There were no volunteer toasts, which, after all, are necessary to round off a social dinner and bring to the surface the genuine sparkle and bead of wit. True, we had speeches from Wilson and Ludlum, overflowing with humor, sarcasm, and burlesque ; but it appeared to me that they should have been called forth as impromptu efforts, and not in response to regular sentiments. The dinner, *per se*, was a most artistic affair, and reflected great credit upon Mr. Fulton, who, at the close thereof, was the recipient of a well-deserved and most complimentary vote of thanks for his attention to the comfort of his guests from the commencement to the close of the Convention.

During the evening, the large parlors of the International were thrown open for a hop, given by Mr. Fulton, presumably as a tribute

of respect to the ladies who honored his house with their presence during the sittings of the Convention. At 9 o'clock a grand march from the band announced the commencement of the evening's festivities. Dancing commenced soon after, and at 10 o'clock the scene was one to be long remembered. The atmosphere was laden with the odors

"Of maiden-blush roses and blossoms and flowers,
All that is richest and rarest in bowers,"

fresh-plucked, with the dew of the morning and the spray of Niagara still nestling among their petals; a flood of light shone down upon toilets which it would require an artist to describe, and upon flashing jewels that were dimmed by the bright eyes which rivaled them in brilliancy; and, I warrant you, daguerreotyped themselves upon the hearts of many a gallant young Esculapius there present. At 12 o'clock I left the happy party still in the high tide of enjoyment.

"On with the dance! let joy be unconfined!
No sleep till morn when youth and pleasure meet,
To chase the glowing hours with flying feet."

Excuse this long rambling letter, Messrs. Editors, and let me abruptly close it by saying that the Convention adjourned *sine die* on Friday, the 13th inst., after a sitting of four days. Trusting that the meeting for 1875 may be no less successful, I am, hastily,

INDEX.

MERAN AND THE GRAPE-CURE.

MERAN, the ancient capital of the Tyrol, though it has long since ceded its metropolitan honors to Innsbrück, remains the head-quarters of the grape-cure, and is unrivaled for beauty of situation and charm of climate. It is a sunny, cheerful town, lying on the right bank of the bright and brawling little river Passer.

Apartments and single rooms are hired by the month during the spring and autumn, and the prices vary, according to situation, from twelve to forty-five guelden. Living at Meran is decidedly cheaper than in most of the Italian and French places of resort; the pensions charge from three to five guelden a day, though it is possible for those whose circumstances will not permit of this to live for less. Good furnished houses and villas can be found for families who prefer their own housekeeping; but in these cases it is well to bring one's own cook, as good cooks are seldom to be found here.

But the great object of interest here, the absorbing occupation of life is—eating grapes. The first thing one does on arriving at Meran is to buy a basket; and the visitor is to be seen at seven next morning, gay and exultant, buying grapes to fill his purchase of the evening before, wondering much at their cheapness, yet discovering, after a few days' experience, that he paid rather highly in giving at once the price demanded. For grapes of the richest bloom and most delicious flavor are to be seen all around; they hang in purple bunches over all the hills, in every garden, round every cottage porch; carts and baskets full of them are brought into the town every morning, and they lie heaped on stalls in glorious profusion at the corners of the streets. Everybody who comes "takes the grape-cure," to the extent of eating more grapes than he ever did before in his life, unless he prefers figs, which are almost as plentiful and excellent. But I propose now to speak of those invalids suffering from bronchial affections, or incipient consumption, or other complaints for whom this most agreeable of all medicines has been prescribed.

No quantity of grapes under three pounds a day can be considered as a true and energetic grape cure—less than this is mere pleasant dallying. The patient begins with one or two pounds a day, dividing the quantity into three portions—one taken an hour before breakfast, the next between that and dinner (which takes place at 12.30 or 1 at latest), and the last portion in the afternoon or evening, an hour before the last meal of the day. The grapes must be eaten in the open air, an injunction obeyed to the letter at Meran, as everybody walks about eating grapes all day long, unless you prefer taking one of your three portions sitting in your veranda, gazing lazily out over the lovely country. After a couple of days, the quantity is to be increased by half a pound, until it reaches three or four pounds. This is often sufficient, dependent, of course, upon the nature of the disease, the progress it has made, etc. Many people eat six pounds daily, although as many as eight is said was to be unusual. Patients are not to be discouraged if they feel less well after three or four days of grape-eating. This is not seldom the case; but this crisis being past, they speedily feel the benefit of the treatment. One great advantage of the grape-cure is, that no special diet is enforced. Food in any way

trying to the digestion is, of course, forbidden, and other fruit is in general not recommended; but after eating from four to six pounds of grapes daily, one does not feel any particular inclination for further indulgence in Pomona's bounties. Grapes, containing a large quantity of nourishment, have a very satisfying effect on the appetite generally, and less of other food is required; and in cases where the cure is taking good effect, the patient gains in weight, and, after a while, in strength also. As there are some diseases of the respiratory organs for which the grape-cure is rather injurious than otherwise, it is necessary to consult a physician before undertaking it. The cure occupies from four to six weeks, and during September and October the grapes are in their best. Early ones are to be obtained in August, and late ones in November, but they are neither so good nor so efficacious. The country, too, is in its greatest beauty in the height of the grape season. Not but what April is a charming month at Meran, when the abundant almond and apricot-trees are a mass of blossom, and when the traveler, returning home after a winter passed in Italy, is tempted to linger awhile in the pretty little town before proceeding northward.

Condensed News Items.

The London *Lancet* of July 20, alluding to the wines at the International Exhibition, speaks in high terms of praise of the contribution from California.

Whiffs from Ararat is the title of a newspaper established by American pilgrims at the very foot of that sacred mountain.

Upon a ranch in Nevada, on the Carson river, there is a herd of twenty-six camels, all but two of which were bred and raised in Nevada.

Bradstreet & Co., a commercial agency, has been sued for publishing an alleged adverse report of the financial standing of a San Francisco firm. Damages laid at $50,000.

An international pharmaceutical congress will be opened at St. Petersburg on the 13th inst. One of the principal questions for discussion will be the formation of an international and universal pharmacopœia.

The little boy Charley Ross, abducted from his home in Philadelphia several weeks since, has not yet been reclaimed.

The Khedive of Egypt is renewing the great library destroyed by his famous predecessor. He has already secured about thirty old copies of the Koran, one of them of about A.D. 720, in Cufic writing, on parchment of gazelle skin.

A Missouri paper has undertaken to discourage dying. It publishes marriage notices free, but charges heavily for obituaries.

Prince Bismarck was fired upon and wounded in the wrist recently, by a young fanatic named Kullman. The firm stand taken by the Prince against Catholics was supposed to be the cause.

Agnes Strickland, the well-known authoress, died on the 15th ult., in England.

Personal.

Mr. Erichsen, the distinguished author on Surgery, leaves England for this country on the 30th of July, on a short visit.

Dr. Wm. H. Holcombe, of New Orleans, so long distinguished as a writer, and recently elected President of the American Institute of Homœopathy, has removed to Cincinnati, and will make his future home there. He will engage in medical practice, and lecture the coming term in the Rutte Medical College.

Prof. H. N. Guernsey has resigned his chair as Professor of Diseases of Women and Children in the Philadelphia Homœopathic Medical College, owing to the urgent call upon his time by his patients.

Obituary.

John Stanton Gould died on Saturday night, at his late residence in Hudson, N. Y., of congestion of the lungs. Mr. Gould, who was born in 1811, was a prominent citizen of Columbia county, and took an active interest in the political affairs of that section of the State. He was well versed in practical science, and was widely known as an industrious student and popular essayist and lecturer on scientific subjects. Mr. Gould was for some years President of the State Agricultural Society, and in that capacity labored earnestly to promote the efficiency of that organization, and encourage improved methods of farming. He was an earnest advocate of Homœopathy, and contributed much by his pen and his counsel in furthering its interests.

Publisher's Department.

S. J. Albright, Publisher.

Office, 18 West 23d Street, New York.

Out of the City.

The numerous summer resorts within easy access of the Eastern cities are more than usually well attended this season. The hotels at Saratoga, Long Branch, and Newport are crowded with pleasure-seekers, whilst the mountains, the St. Lawrence, and other distant points lay claim to a full share of summer tourists. This is as it should be. A month or two of recreation for mind and body, away from the cares and worry of business, will be certain to bring its full compensation, during the remainder of the year, in renewed health and vigor. Certainly, with the few holidays which Americans permit themselves to enjoy, a season of relaxation during the hot months of summer, where it can be taken, is a more rational and profitable investment of time than could possibly be made by continuing in the city, poring over ledgers and books and papers. Business

"——— is too much with us: late and soon,
Getting and spending, we lay waste our powers."

If it were practicable for the entire population of New York to spend at least one month each summer out of town, away from vexation and trouble, and freed from the endless routine of professional pursuits, business anxieties, and labor, there can be no doubt but the mortuary reports would exhibit a most wonderful and gratifying decrease during the remaining months of the year. A degree of energy, a power of endurance, a clearness of intellect, would be infused into the subsequent days of labor which would more than recompense the time so spent in pleasant and healthful recreation.

The Elastic Truss.

In an article on "Ruptures," published in the *Medical Eclectic* for July, the writer asserts that "the Elastic Truss Company furnishes an agency, which can operate in harmony with the muscles, retaining the rupture with care, neither chafing nor annoying the patient; and with it, hernia can be cured, it is asserted, with as much ease and certainty as a broken limb."

An Offer to New Subscribers.

In order to give to our journal a still more extended circulation, and for the purpose of commencing the new year with a greatly-increased subscription list, we will send the Medical Union for the last six months of the present year for the reduced price of One Dollar. Or, we will forward the latest and fuliest edition of "Webster's Unabridged Dictionary," containing 1,840 pages, 10,000 defined words, and 3,000 engravings, for ten dollars and a half—one dollar and a half less than the single price of the Dictionary. Or, in connection with any other book published in this country, at 25 per cent. less than the publisher's price of the work. This is an offer which we trust will bring to us hundreds of new subscribers. We likewise extend the discount on purchased works to any and all of our old subscribers, and shall be pleased to fill all orders forwarded by them.

The Beecher-Tilton Scandal

Continues to drag its slow length through the columns of the press, with apparent discredit to all concerned in the transaction. The entire thing is an exhibition of moral cowardice, or worse, upon the part of the defendant; of self-written infamy or unmitigated villainy in the case of the plaintiff; and, to say the mildest, of criminal misrepresentation and defamation of either husband or pastor by the heroine of the said melodrama. Principals, witnesses, and all appear to be mixed up in a mass of contradictions and tergiversations. Verily, "The trail of the serpent is over it all."

Guarana in Sick Headache and the Excitement of Epilepsy.—Dr. W. McDowall, of Edinburgh, contributes an article to *The Practitioner*, of September, on the effects of this drug. He had uniform success in relieving sick headache in a number of cases, the dose being one-half to one drachm, and in some cases of excitement due to epilepsy a drachm of drug would produce pallor of the face, and quietude for one or two hours; but the effect was transitory, and by no means equal to that of ergot. In experiments upon himself and other healthy persons, Dr. McDowall observed that Guarana will completely prevent the fullness of the head, lassitude, and sleeplessness following a full meal.

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Original Articles.

DOES DYNAMIC ELECTRICITY CURE ACCORDING TO THE LAW OF SIMILARS?

BY JOHN BUTLER, M. D.,

Electro-therapeutist to Brooklyn Hom. Hospital Dispensary.

NERVES, MOTOR AND SENSORY.

[*Continued from page* 184.]

GALVANIC CURRENT.	FARADIC CURRENT.
Strong current paralyzes nerve and renders it incapable of transmitting its contraction-producing stimulus.—*Valentine.*	Pain tingling, acute, darting, lancinating. After electrodes are removed, the pain under the points where electrodes were applied still remains, sometimes producing great agony, with anæsthesia or partial anæsthesia between those points.
Nerve paralyzed by constant current.—*Eckhart.*	Contraction of muscles supplied by nerve.
Ascending current decreases irritability of nerve throughout its whole extent, descending affects the part operated upon only.	Duchenne, in speaking of experiments with this current, says:
Contraction of muscles supplied by nerve at opening and closing of circuit.	"These experiments are not harmless, because, in many cases, the acute sensations have been followed by neuralgic pains in the organs over-excited. —*Localized Electrization, page* 35.
Pain, burning, as if molten was running through the nerve; most severe under the points where the rheophores were in contact.	

MUSCLES.

The effect of electrization on muscles is very marked, and so well-known as to scarcely need a description. Voluntary muscles in health respond to the faradic current much better than to the galvanic.

Involuntary muscles contract more under the influence of the continuous current, but do not give the immediate response that voluntary muscles do, not contracting until some time after the closure of the circuit, and continuing to contract for some time after its discontinuance.

GALVANIC CURRENT.	FARADIC CURRENT.
Pain characteristic. (*See* SKIN.)	Pain characteristic. (*See* SKIN.)
Contraction at opening and closing of circuit.	Contraction.
Numbness and paralysis.	Same tired feeling.
	Paralysis.

GENERAL GALVANIZATION.

The symptoms of general galvanization are best studied by means of the electric bath, lately invented by Mr. S. Russell, of this city. This valuable contrivance causes the current to act on the whole surface of the body at once, consequently all the nerve-centers are simultaneously under its influence as well as the fibrillary terminations of nerves which conduct the current to and from these nerve-centers. It is the most pleasant as well as most efficacious way of using general electrization. A bath of ordinary strength does not produce any perceptible sensation except a pleasant, warm tingling, with slight feeling of drowsiness, which passes away as soon as the current is discontinued. But a powerful current, as proved by myself and others, gives rise to the following symptoms: burning sensation all over the body, pallor of countenance, vertigo, slow, weak pulse, dilatation of pupils, drowsiness, lassitude, weariness, exhaustion. These symptoms are soon followed (generally commencing in an hour or two after bath) by others, viz., violent throbbing pulse, visible pulsation of carotids, congestive headache, conjunctivæ injected, thirst, and insomnia. After a series of these baths, most of the provers suffered from itching of the skin, intercostal neuralgia, and herpetic or eczematous eruptions

on various parts of the body, and a profuse flow of urine. One prover, a very intelligent gentleman, states that he passed two gallons in twenty-four hours. I, unfortunately, did not examine the urine for sugar, but have no doubt it contained it. (See *Pneumogastric.*)

EFFECTS OF LIGHTNING.

Although not wishing to include thunder and lightning in the list of our therapeutic agents, a word on its effects may not be amiss. We know that a stroke of lightning has caused paralysis, deafness, amaurosis, brings out blisters on the skin, and causes sordes on teeth. The post-mortem appearances are congestion of brain and its membranes, also of the lungs, pleura, and abdominal viscera, rigidity of the muscles, etc. Decomposition takes place early; many bodies are recorded as having become liquid before the friends had time to give them a hasty burial.

That paralysis has been cured by lightning, also deafness, there is no doubt. For verified cases I refer the reader to Althaus' work on Medical Electricity, page 350; also "Thunder and Lightning," by De Fonville, page 259.

PART II.

THERAPEUTICS.

From the proving as applied to the skin, we would expect the current to be beneficial in the following conditions: erythema, erysipelas, burns, dermalgia, carbuncle, boils, prurigo, pruritus vulvæ et ani, bullæ, herpes, eczema, œdema, synovitis, indolent ulcers, anæsthesia.

In the various forms of erythema both currents are useful; however, I generally employ the galvanic.

The following case is typical:

Miss S., æt. 18, a very decided brunette, nervous temperament, was sent to me suffering from erythema, fugax of face, neck, and upper extremities, extending anteriorly down to the ensiform cartilage, involving the breasts and upper third of arms, not so well marked on the posterior surface of body. Sometimes it appeared on one or other lateral half of the body only, it lasted a few hours and disappeared, to reappear in a few hours more. This state of things had existed over eight or nine months when I saw her first. Several remedies had been used by her family physician without avail. The affection yielded to thirteen applications of the galvanic current, the rheophores being large sponges applied without regard to direction of current, twelve zinc carbon elements being the maximum tension of current employed. This was the only treatment used.

PRURIGO.

The character of the itching gives the indication for the current to be employed. For instance, if the itching be of a burning character, the galvanic current should be used. Should it be more of a superficial, tickling sensation, the faradic will prove rapidly curative. I have selected the following case of prurigo formicans as being about the average type of those I have had to treat:

Mr. N. T., a strong, robust man, came to me suffering from an intolerable, burning pruritus, of almost the whole surface of the body. To use his own expression, he felt as if he was being eaten alive with ants. Symptoms were increased by warmth, worse at night; slept little, and then only from between 4 and 6 A. M. His skin was actually lacerated from scratching, so much so that it was almost impossible to diagnose accurately the character of the disease from its appearance. I gave him every remedy at all indicated, with only poor success; he seemed better under the action of arsenicum than anything else, but nothing gave him any very marked relief. After dosing him for about two months, I sent him to Mr. Russell's establishment on Clinton street, and ordered him to take the following:

> Bath, galvanic, 6 cells;
> Temperature, 100° F.;
> Duration, 10 minutes;
> One every other day.

After six of these baths he reported himself perfectly cured, no return of the slightest symptom.

Drs. Beard and Rockwell speak highly of the action of the galvanic current in this disease.* They, however, use what they call central galvanization, that is to say, transmission of the current through the great nervous centers. This means may answer very well, as the part diseased must be acted on through the medium of the nerves supplying

* "All methods of using electricity seem to do good in prurigo. Relief of the itching is obtained by dry faradization and galvanization with wet sponges and cloths, but the most permanent results seem to come from central galvanization."—Beard and Rockwell's "Clinical Researches in Electro-Surgery."

it, and, in many cases, is much more convenient to the patient and operator than direct application of the rheophores to the part diseased. That the method has other advantages, I am unable to say.

ERYSIPELAS.

Only two cases treated, without at the same time receiving internal medication. In one case the disease appeared on the leg, and yielded to two applications of a mild galvanic current. In the other, on the face, gave about the same result.

BURNS.

Burns in the first and second stages ought to be relieved by localized galvanization.

PRURITUS VULVÆ.

Here either current will prove rapidly curative; and is the only remedy we need in this distressing complaint. External applications answer in most cases, but should the disease extend far into the vagina, it will then be necessary to use a vaginal electrode: a sponge or cloth covered one is better than the metallic, being less likely to produce aggravation or electrolysis of the mucous membrane.

In using the galvanic current in this disease the quantity and tension should be the very least capable of producing any appreciable effect, four to six small cells will generally answer the purpose. If the faradic current be used the likelihood of aggravation is not so great, but a very mild current is all that is needed.

HERPES.

This disease can be treated with success with the galvanic current. Russell's bath is a remedy par excellence in herpes zoster, accompanied as it often is by intercostal neuralgia. The case which follows is one reported by Dr. A. McLane Hamilton, of New York, in his work on clinical electro-therapeutics, which I copy in full: "M. C., 26 years of age. The patient had been affected some time with a vesicular eruption on the right side, beginning in the groin, and arching over the left ilium, extending as far back as the vertebral column. Two successive patches had appeared, and he was so tortured with neuralgic pains as to lose all rest. I applied a metallic electrode (negative) to the eruption itself, and the positive pole over the lumbar vertebræ. The pain disappeared in two or three minutes; and when I next saw him (a week afterward) the eruption had completely dried up.

ECZEMA.

This is another form of skin disease that yields readily to the galvanic current; the faradic having no effect, as would be surmised from the proving.

A case reported by Dr. E. L. Mann, of this city, in the *Medical Record*, October 1st, 1872, is interesting as well as instructive; but, unfortunately, too long to be copied in these limits. This disease tolerates a pretty strong current, both as to quantity and tension. About eighteen to twenty-four of Storher's battery, the plates being immersed their full length, will generally be required—one large electrode being applied to the seat of the disease,* and the other on some indifferent point.

CARBUNCLES, BOILS, &c.

Carbuncles, in any stage, yield well to the galvanic current, as also do boils. For the latter, however, faradization is sufficient, and gives excellent results.

SYNOVITIS.

Synovitis is successfully treated by the galvanic current. A powerful current is easily borne on the part affected. I have never seen any effect produced on this disease by the faradic current,† Beard, Rockwell and others to the contrary notwithstanding.

ŒDEMA, GENERAL ANASARCA, ASCITES, &c.

In these conditions the galvanic current is strongly indicated, and beneficial no matter upon what organic lesions they depend. The galvanic bath relieves general anasarca better than any other mode of application. The patient bears a very strong current before any sensation is perceived.

ULCERS.

Indolent ulcers have been treated by the galvanic current by means of metallic discs applied to the ulcer, but a much better means, and the mode I almost entirely have adopted, is to use a very large sponge electrode, thoroughly moistened, capable of covering not only the whole of the ulcer, but as much

* The electrode should be of sufficient size to cover as much of the eruption as possible.

† "Medical and Surgical Electricity," page 664.

of the adjacent tissue as may be convenient. A very mild current, just enough to be perceptible to the patient, is sufficient.

ANÆSTHESIA.

A variety of methods have been used in treating this symptom, all of them more or less successful. Dry metallic, or carbon electrodes are best, as they confine the current to the tissue to be acted upon. Faradization is the only means indicated.

(*To be continued.*)

MEDICINE TO-DAY.

BY A. K. GARDNER, M.D.

THERE are a class of people, always to be found in every community, who are constantly railing against the medical profession. Their reasoning is very various. One day they say that the doctors are old fogies, that they stand just where their predecessors did, without advance, that although the world scarcely can be recognized as the world of a thousand years ago, so changed is it by every day's improvements, and that while every other art and science is constantly improving and advancing, that medicine stands where Æsculapius and Hippocrates and Galen left it.

In the next breath, our chronic grumbler insists that medicines are but mere fashions, that they change as rapidly as do the shapes of a lady's hat, or the circumference or length of her petticoats. "When I was a boy," he says, "the doctor used to give me a great lot of herbs and roots, which I boiled in water for an hour or two, and then drank a cupful of nasty, horrible bitter stuff every few hours. Lord bless me! how sick it made me, to be sure! Now, when I'm feeling badly, he gives me a little pill or two covered with sugar, or a minute little powder with little taste, and if bitter or unpalatable, why, he puts it into a gelatine capsule, and with a drink of Seltzer water (and it is often even an agreeable operation) it is down without taste. A few centuries ago, our ancestors used to burn sponge and take the ashes in wine, burn bones and oyster shells and powder them and swallow them in milk, and even take the excretions of strange birds, and the livers and entrails of strange beasts and fish. I believe the whole thing is a humbug and a gigantic fraud."

Now, my dear friend, you are partly right and very much wrong. Your little learning on the history of medicine has led you unwittingly into a great error.

There is great change between the medicine of to-day and centuries ago, so great that it seems to be revolutionary to you, with your superficial observation. The fact is that the change is mainly in the development of ideas conceived by the gigantic minds of centuries gone by.

The great ideas of medicine have been accidental discoveries in the past and of experimental discoveries in the present. When it was first known that the ashes of burnt sponges cured glandular swellings and various other complaints, it was not known that there was a mineral called iodine, which was very abundantly found in sponges; and it was many centuries afterwards known that iodine was the great curative agent, and that this in very minute bulk was better than the disgusting immense doses of these ashes.

There was formerly nothing more disagreeable to swallow than the huge table-spoonful of Peruvian bark that nauseated the delicate stomachs of those compelled to use it for a prolonged season. It required chemistry quite a period to extract the alkaloids of quinine and cinchonine from the mass of inert, woody matter which contained it, and so to present all the medicinal portion free from alloy.

More disgusting still were the cures effected from the secretions of various birds, beasts, and reptiles, some of them shrouded with mysteries; they must be killed at certain phases of the moon or of a star, and while saying some cabalistic words. The mummeries of charlatanism are now stripped off, and science, looking carefully to discover wherein lay the accredited curative properties of these articles, has found that they were but the phosphorus of the bones and blood and the soda and nitre of the excrements. Now, devoid of all the abhorrent paraphernalia then deemed so important, science gives the pure salts in any desired quantities.

So you see that when Galen or physicians in Pliny's time who gave the burnt bones of a white owl killed exactly at midnight, and while repeating some talismanic words, and mixed with water of a child that has never walked, and taken at seven o' clock in the morning after a new moon, differs in reality but very little from a mixture of the present day containing any alkali.

The imagination was then played upon as it is now. Some persons have no faith in a clear and transparent water of a somewhat agreeable taste, but their medicines must be fuliginous and turbid, bitter and nauseous. The physicians to the lowest classes understand this. Their draughts and prodigious boluses are simply awful. They kill by disgust or cure by horror. Imaginary diseases can't stand against them. The *malade imaginaire* had far rather get well than continue for any prolonged period such hypothetical remedies.

On the other hand, our ultra-refined are too delicate in their organizations for such powerful medication; these "die of a rose in aromatic pain." For them, health is vulgarity, and their ailments have to be discovered and a series of new names manufactured to match them. With the former class many varied symptoms with diverse groupings constituted a disease. With the latter, every symptom is a disease itself, and each has its specific. During the last cholera, I saw one young lady who survived the Asiatic cholera—which she had six times, and more strange still, all in one day. She still remains a lasting monument (although somewhat dried by time before and since) of the great physician who discovered this formidable disease, and cured it so repeatedly.

Medicine, indeed, has its fashions and its eccentricities, but the foundations upon which it reposes were laid centuries ago, and they remain firm and unyielding. The supposed additions of one age or the boasted discoveries of one great mind or one school of reasoners having served their time, their inflated proportions having dwindled till the real nucleus of a new truth,—around which so much that was false and unworthy had gathered,—was discovered, and this was added to the general mass, till gradually the grand science of medicine has grown to its present colossal and beautiful proportions.

But great as it is, it is far from being complete. Great as are the discoveries in science, through the important adjuvants of chemistry, microscopy and electricity, steam, photography and the uses of iron, their grandest utilities are unknown and of little comparative value to those out of the sphere of medicine. What is the division of a double star—so satisfactory to the telescopist—compared to the development of a cancer-cell under the microscope? Which would best benefit his race, the bold engineer who should tunnel the Atlantic Ocean, or the sage physician who should discover a specific cure for Consumption? Nay, looking into the past, what mechanic's work, what artist's vision, sculptor's marble, or poet's dream, what lawgiver's code, what inventor's steam-conveyance, loom, printing press even—almost the greatest boon to the race—what one or all will compare in beneficence to the discovery of vaccination?

You may laugh at the eccentric, country, simple-minded doctor, as he slowly travels from house to house with slight freight of knowledge and his larger load of gossip; you may feel disgust and contempt at the charlatan and pretender in the Academy and out of it; but if you chance to meet with one of the great men of the medical profession, in a case which calls out the high prerogatives of the man, the fiat of the Almighty will seem to you to be delegated to him as a sacred trust, and you look on him as an embodiment of celestial power—of which too he seems not to be aware—you must needs be moulded after another fashion from the ordinary one, if you fail to recognize the high calling of the medical profession, and the grandeur of its still imperfect achievements.

By antithesis what can appear more pitiful, weak and sacreligious than the despicable wretches who, pretending to knowledge, desecrate its altars with their polluting touch? The responsibilities upon the conscience of the man who has spared no time or labor or money to obtain all the knowledge in the profession has been so great as to drive some to madness, very many to renouncing the active practice. One of the ablest men I ever knew, losing a child with Scarlet Fever, declared that from that minute he would never prescribe for another case of disease, and, although his profession was his only means of livelihood and attaining which he had exhausted all his patrimony, he could never be persuaded to resume it again, and he more than once suffered for a meal of victuals. The accoucheur to the beloved Princess Charlotte of England, seeing his skill of no avail, and death claim her in the blush of her youth and beauty, in an agony of desperation blew out his brains with a pistol.

What can be the internal soul-communings of the ignorant pretender as he robs the sufferer of the little hoarded gains, saved for the relief of the dying bed, and the purchase of a final shroud.

It may be that I look at this from a professional stand-point, and may exaggerate the turpitude of this especial class of villains, but I cannot but think that these ghouls have descended to a depth of infamy as yet unsurpassed.

But in spite of pretenders and defamers and those who degrade it by baseness, the science of medicine, founded on the divine precepts of doing good, is honorable in its aims, devoted, assiduous, and progressive. Coeval with man it advances with him, and assists his entries into life, supports him through the world and smooths his final exit. From age to age its votaries constantly increase in knowledge, public estimation and real usefulness. May they ever be sustained by the approval of their own approving consciences.

New York, 237 E. 13th St., August, 1874.

DIPHTHERIA.

BY EGBERT GUERNSEY, M. D.

The prevalence of a malignant type of this disease, particularly in some portions of New York, Brooklyn, and the surrounding country, within the past few months, has directed the special attention of the community and the profession to its cause and peculiar characteristics. Deaths have been numerous, but in this city they have been principally in the tenement houses of the more crowded and poorly ventilated portions of the city, while in the surrounding country they have been confined to no particular class; about as often appearing in the houses of the rich as among the poor. On Staten Island five members of a single family, living in comfort and luxury, were taken down one after another—all dying within a week. The husband and father found himself in one week bereft of his wife and four children. In many other instances two or three deaths have occurred in a single family within a few days of each other. We are to look for the causes of this disease, not alone to local conditions and the peculiar miasmatic influences which may be found in special localities, but also largely to those atmospheric influences, the peculiar nature of which we so little understand. Some future philosopher may cast the clear light of science upon the law of epidemics, but at present, as it regards the positive cause of many of them, we are like blind men groping in the dark.

Within the past twenty years the attention of our own people has been more particularly called to this disease, notwithstanding it has prevailed from time to time in different parts of the world, under different names perhaps, for centuries. Its essential characteristics have been preserved, under whatever name it may have been called, from age to age, marking it in Spain, in Italy, in France, Sweden, England, and America as one and the same disease. Dr. Nathan Smith and Prof. Tully describe it under the head of "*putrid sore throat*" decimating the valleys of New England fifty years ago, being particularly fatal among children, although by no means confined to them. Washington undoubtedly fell a victim to its power, although his disease was called laryngitis, and the Empress Josephine was also one of its victims.

The disease is sometimes exceedingly mild in its character, and at others so malignant as to run its course in a few hours, but in all cases, there is great prostration of the vital powers, and a very great tendency to the appearance of albumen in the urine at an early period. Cases are by no means rare where the severest forms of albuminuria have followed, especially in children, attacks of diphtheria so slight as scarcely to have been noticed.

Dr. Jenner has given a very accurate description of diphtheria, which he divides into several varieties. The mild form; the inflammatory; the insidious; the nasal and the asthenic form. Of course there is no sharp line of distinction between these several varieties. In the mild form the general lesions and the local symptoms are trifling, and we are accustomed to speak of it as a diphtheritic sore throat. This form is very common, when the disease is prevailing, the same as a slight sore throat, headache, and fever during the prevalence of scarlatina, or a peculiar choleric diarrhœa, during the prevalence of cholera. It shows that the system is more or less under the peculiar influences which cause the disease.

In the *inflammatory* form of diphtheria, symptoms of severe *cynanche laryngea* precede the exudation of lymph. There is a peculiar deep, almost purple, redness of the mucous membrane, of the palate and the tonsils. The swelling is often considerable, from the effusion of serum into sub-mucous tissue. The pain in the act of swallowing is great. The fever varies, being sometimes exceedingly high, and accompanied with

creeping chills, at others comparatively slight; but in all cases, in a few hours, there is a prostration more severe than would seem warranted by the amount of inflammation. In from twelve to fourteen hours after the first symptoms, the peculiar membrane which gives the name to this disease, makes its appearance, at first appearing in small patches over the tonsils or on the uvula, gradually increasing, until frequently the whole fauces are lined with a thick, tenacious lymph. This exudative process may extend into the nasal passage, and down into the larynx, the bronchial tubes, and even the air cells themselves; while traveling down the œsophagus, it may reach the stomach, and the intestinal canal; in fact every organ seems to feel, more or less directly the influences of the poison. As the disease subsides, the membrane begins to curl up around its edges, showing the red or ulcerated surface underneath. At this stage of the disease, there is usually a period of intense nervous excitement, the patient feeling like springing from the bed.

The great danger in the *insidious* form is in its sudden and unexpected appearance; the real disease often being so masked that its character escapes detection until too late for help. There is no marked soreness of the throat, no swelling of the glands, but suddenly laryngeal symptoms supervene, and death follows from suffocation. A careful examination of the pharynx is usually enough to disclose the puffy and jelly-like membrane of the first stage, or just peeping out the deposit of lymph. In these cases, when confined to the larynx, so rapid may be the progress of disease, laryngotomy may be alone sufficient to produce relief.

In the *nasal* form of diphtheria a sanious discharge from the nose attracts attention, after some febrile disturbance of a low type. The glands about the angle of the jaw begin to swell, the arches of the palate and tonsils become red and swollen, muco-purulent fluid bubbles in quantity from the narrowing isthmus of the fauces. After a few days, the disease may partially subside, or it may rapidly spread to the larynx and the pharynx. This form, most common among children, resembling in its early stages a severe form of influenza, is very apt, by the physician who does not take sufficient time to examine his case, to be mistaken for that disease, until the golden opportunity for correct action may be lost.

In the asthenic form of diphtheria, the disease assumes a distinctly marked typhoid condition, the patient dying from the constitutional effects of the general disease. The pulse becomes rapid and feeble, and the complexion assumes a dirty-looking, pallid and opaque aspect, and from an early period of the disease the tongue is brown, with sordes upon the teeth. More or less lymph, which is usually of a soft or pulpy form, may be seen on the pharyngeal mucous membrane. The patient sometimes swallows without difficulty, at others with extreme pain. Death is liable to occur about the tenth or twelfth day, the termination being decidedly of a typhous character. The great danger during the first week is from the extension of the exudative process to the larynx; subsequently death is to be apprehended from exhaustion and loss of nervous energy.

It is one of the most treacherous maladies in the whole list of diseases. As has been said of scarlatina, it is like a lover's farewell —never over. Not until weeks have elapsed are we really assured of safety. So insidious and subtle is the poison, that it strikes when and where we least expect it, showing itself in paralysis, in swelling and stiffness of the joints, in glandular swellings, in disease of the kidneys, bladder, heart, membranes of the brain and eyes, and breaking out upon the surface of the body in huge diphtheritic sores. Every symptom should be carefully watched for weeks, and the system constantly fortified with tonics and appropriate nourishment.

The treatment should be directed not alone to the local lesions, but to the general condition of the system. It should be borne in mind that we are contending with a disease whose subtle poison may creep into every avenue of life, that the condition of the throat, the nose, the larynx, may simply be the barometric sign, showing the violence of the poison in the blood. In simple diphtheritic sore throat, unattended with much fever, a few doses of belladonna, and perhaps *biniod. merc.* and a simple gargle, with a good nourishing diet, may be all sufficient; but in the more marked forms of the disease, the treatment should be active and the patient carefully watched. The room should not be over 68 or 70° at the most, and carefully ventilated. The fever is best met by either *aconit.* or *baptisia*, and as the angina assumes its peculiar purple and swollen appearance, in our practice, *rhus*, *clematis*, or even *cantharides*, have generally

seemed more homœopathic than *belladonna*. We are in the habit, in many forms of acute disease, of alternating medicines, believing we get better results in this way than in the practice adopted by a few, of giving a single remedy, and that often at long intervals. As my friend, Dr. Hasbrouck, very graphically says, the use of two remedies in these cases, is like rolling a log up hill with two bars instead of one. As the diphtheritic deposit makes its appearance, the *biniod. merc.* and *kali bichrom.* or *liq. calc. chlor.* seem strongly indicated, the two latter especially if the disease involves the nasal passage or shows indications of traveling down into the larynx. At this period, also, the patient is evidently relieved by a moist atmosphere produced by keeping water at a boiling point, the steam escaping into the atmosphere. In children, where the deposit in the larynx has produced diphtheritic croup, the child may be enveloped in steam by making a tent with blankets over the bed, and throwing in a jet of steam. Where gargles can be used, we have found great benefit from the *Labarraque sol.* or *chlor. pot.* with which in the later stages, when the membrane is peeling off, and the raw, sloughing surface is seen underneath, brewer's yeast may be combined with great comfort. In this stage, also (the later stage), many use, with decided advantage, *hydrastis* or *kali permang.* applied in the form of a wash, directly to the parts. The *Labarraque sol.* and the *chlor. pot.*, two applications of the most value, when indicated, we have found no real benefit from, except when used of decided strength. In children, when the gargle cannot be used, it can be swallowed. Fomentations to the swollen glands will be of benefit, and in all cases the physician should be careful not to irritate the throat by unnecessary manipulation. In the majority of cases, the patient can be taught to open wide the mouth, at the same time making a deep inspiration, so that the throat can be distinctly seen with a quick eye. In the nasal form of the trouble, when the sanious discharge pours from the nostrils, the parts should be kept clear by injections of tepid water, or what is still better, a mild solution of *chlor. pot. kali permang.*, or *liq. calc. chlor.* This can be done by gently throwing the solution into the parts with a small syringe. As the disease assumes a typhus condition, the treatment should be directed to meet the general exhausted state, in which *arsenicum*, *China*, *cedron*, *acid phos.* *acid sulph.* and *acid hydrocianic*, together with stimulants and careful nutrition, will play an important part.

Notwithstanding, in the later stage of the disease, it is highly important to keep up the strength with beef tea, and even milk punch and other stimulants when the prostration is marked, we have found positive harm is produced by active stimulants during the early or active inflammatory stage.

We present a few cases from our note-book, illustrating some of the points advanced in this article.

Several years since a moderately severe attack of diphtheria occurred in a family where there were several children. About a week after the patient was dismissed, we were sent for to see two of the younger children. We found them breathing with great difficulty, and the whole body dropsical. The urine was so albumenous, as to become almost solid under the action of heat, the heart showed unmistakable signs of serious disturbances, the extremities were partially cold, and the pulse almost imperceptible. The mother said, about a week before they had one day very slight sore throats and a little fever; but as they were not even sick enough to go to bed, but little attention was paid to them. Here were two cases in which the invasion of the disease was almost unnoticed, and yet both were now in almost a moribund condition. The heart, under the influence of the poison, was almost paralyzed in its action, the kidneys had failed to perform their functions, and the whole nervous centers were so saturated with the poison, that there was but little hope of bringing about a healthy reaction. Active treatment was at once commenced. *Mercurius dul.* was given as the principal remedy, bringing in *apis* and *digitalis*, as they seemed indicated. One of the children died that night, the other eventually recovered, but for months she was partially paralyzed; and it was a year before she fully regained her strength.

Case II.—A lady about eighteen years of age was taken with the ordinary symptoms of an acute diphtheria. In twenty-four hours the entire fauces—including uvula, tonsils, and soft palate—was thickly lined with the membrane, which also extended up into the nasal passage and down the larynx into the bronchial tubes and the lungs. In this stage *kali bichrom.* and *biniod. merc.* were given, and, fully

realizing the gravity of the case, the air was made moist with steam,—and every effort made by nourishment and stimulants to support life. Early the next morning I was sent for with the intelligence that my patient was dying. On reaching her I found her breathing with great difficulty, the lips livid, and no indications of pulse at the wrist. On opening the mouth the membrane was seen in the throat, partially detached in places. She was evidently dying from suffocation. Seizing hold of portions of the membrane with my forceps, I peeled off large quantities of it, and reaching down into the larynx brought away a large piece almost like a tube. Her breathing immediately became easier, and there was indication in the returning color to the face, of a tolerably free arteralization of the blood. The two remedies were continued, and the *kali chlor.* instead of being used as a gargle, was put into the mouth in the form of the salt, so that in dissolving it could pass over the deposit and the raw surfaces. The throat and lung troubles gradually disappeared, but only after many days; expectoration of bloody mucus and even pus being constant, while a sanious discharge poured from the nose which was exceedingly offensive. Tonics, such as *quinia* and the *tr. mur. ferri.*, and later *arsenicum*, with the free administration of beef-tea and stimulants were required to keep up the strength. Washes were also used of hydrastis and hamamelis. Large glandular abscesses formed and were opened. For six months the lower limbs were in a great measure paralyzed, and even the organs of speech were at first somewhat affected. Under the use of a carefully prepared diet and the medical action of *nux*, *ferrum*, *iod.-ars.*, *phos.-acid* and other remedies which seemed indicated, together with electricity, she at length recovered her health and strength, and is now the mother of several children.

Case III.—Two years ago, I received a message from my friend Dr. Aten, of 34 Hanson Place, Brooklyn, to meet him in consultation. The patient was a gentleman about forty years of age, and the symptoms were similar to Case II. The fauces were thickly lined with the membrane which also extended down into the bronchial tubes and the lungs to such an extent that it seemed almost impossible for sufficient oxygen to get into the circulation to keep the blood alive. The pulse was intermittent and scarcely perceptible. Dr. Aten had been giving *kali bichrom.* and *merc.-biniod.*, but had just substituted *liq.-calc.-chlor.*, about ten drops of the solution in a glass half full of water, for the *kali bichrom.*; nourishment and stimulants also being given at short intervals. Of course I could suggest no change for the better to this treatment, as it seemed to hold out the only chance for life. I simply suggested to Dr. Aten the propriety of remaining with his patient all night, as the probabilities were, unless he kept careful watch, availing himself of every opportunity for relief, the sick man would slip out of our hands before morning. The next day I found marked improvement; large quantities of the membrane had been thrown up and the breathing was much easier. The day following the lungs were tolerably clear, and although the throat, the expectoration, and the general prostration showed the terrible ordeal through which he had passed, it was evident that all immediate danger was over. He made a very good recovery, although it was a long time before he fully regained his strength.

I might go on enumerating cases to almost any extent, of almost every variety and shade, but the above are sufficient for my purpose. The cases where laryngotomy may be of service are exceedingly rare, as the general blood poisoning render it probable that the deposit will form below the opening in the bronchial tubes. Still it is sometimes resorted to as a last expedient, with success.

A careful study of this disease establishes, we think conclusively, that it is not a local trouble merely, but a miasm which affects every part of the system, and makes its imprint upon almost every organ. In its treatment attention should be directed not alone to the local lesion, but to the general condition. That it frequently prevails as an epidemic and is in some forms highly infectious, is also evident, so much so, that the patient should be as strictly quarantined as in scarlet fever. The important fact also should never be forgotten, that the sequelæ of even very mild cases may be of a very grave character, and so insidious in their approach as to require the utmost watchfulness on the part of both physician and patient.

English physicians are not allowed to practise their profession in Chili, without first undergoing an examination in medical science in the Spanish language.

CASES FROM OBSTETRIC PRACTICE.

BY J. N. TILDEN, M. D.

I. Convulsions—Mania—Recovery.—II. Remarkable Endurance.

I was summoned early on the morning of May 30th to visit Mrs. G., a stout mulatto woman. Found her comatose, breathing heavily, and learned the following history :

She was supposed to be about seven months advanced in her third pregnancy, but, inasmuch as she had not confided her condition to any one present, this was mere conjecture. About twenty-four hours previous to my summons she had risen, as usual, to attend to her household duties, and, as my informant termed it, had been taken "all of a sudden with a fit."

A physician had been summoned who, without investigating her pregnant condition as to the approach of labor, had prescribed a cathartic, which had been rejected from the stomach soon after having been taken. In the evening, medium doses of potassii bromide had been administered every two hours. Meantime the convulsions had continued at intervals varying from one to three hours. There was now no return of consciousness between them, and each seemed more severe and prolonged than the preceding one. There was considerable œdema of the lower extremities. A vaginal examination revealed the fact that labor had begun. Presentation normal, the os dilated to the size of a quarter dollar, but quite rigid. The uterine contractions were feeble and irregular.

The tongue had been terribly lacerated, and was so swollen that it was with great difficulty kept from farther injury. The pulse small, thready, and very rapid.

Directed a stimulating enema to unload the rectum. Repeated vaginal douche of hot water, and gave Bell. and Gels. in alternation, hoping by these means to overcome the unyielding os, as well as to mitigate the severity of the convulsions.

Other duties demanding my presence elsewhere, I returned to my patient three hours later to find no apparent improvement. It was painfully evident that every minute of delay was dangerous to her life. The indication, without doubt, was to deliver her of her child as speedily as possible. No instruments being at hand for dilating the os, the effort was made to dilate manually, without much success at first. The warm douche was again applied, and after more than an hour's patient working, I succeeded in introducing the hand into the uterus, ruptured the membranes, brought down with some difficulty the feet, and delivered a fine, full-grown female child weighing ten pounds. There was but one more convulsion, occurring about ten or fifteen minutes after delivery.

This was near noon of Saturday ; from this time until Monday morning she slept most of the time, and could with difficulty be aroused sufficiently to take food and medicines.

At this time she passed a small quantity of highly albuminous, smoky-looking urine, the first since delivery, and has been taking *Bell.* and *Arnica.* I now changed the arnica for *Apis.*

The condition of coma which has existed since the cessation of her convulsions is now changed to one of extreme wakefulness, and symptoms of delirium are manifest which rapidly increase to all the wildness which characterizes puerperal mania. Staring with strained eye-balls at imaginary objects, she would rise from her bed, and though tottering from weakness, it required two strong assistants to keep her within doors. Her volubility was continuous and wonderful. The countenance was pinched and pallid, the face covered with little drops of perspiration, and the whole expression indicative of the mind unseated from its throne. The pulse as at first, small, thready and rapid. From this time forward till the following Thursday, a period of eighty hours, there was *complete insomnia.* The sedatives and remedies which usually act to produce sleep were tried without success. *Acon., Bell., Coffea, Hyos. Ign. Puls. Stram.*, all proved powerless. I had, meantime, carefully kept in view the condition of the kidneys, and under the appropriate remedies the urine had become nearly normal, both in character and quantity. During all this time of sleeplessness there were only short intervals of quiet, apparently the result of exhaustion, and then the volubility of denunciation for all who were around her would again begin and continue for hours.

It now seemed as if sleep were the most important indication, and, as other means had failed, I prescribed 15 grains of chloral hydrate repeated every two hours until the desired effect was produced. Immediately after taking the fourth dose she dropped asleep so sud-

denly as to alarm her attendants. The maniacal symptoms on awaking were the same as before. Prescribed *Tr. Cimicifuga*, ten drops to half glass of water, two teaspoonfuls every two hours while awake, and two doses of the chloral, as above, every evening. This treatment procured a fair amount of sleep, and after the second day of taking the Cimicifuga there was perceptible daily improvement. The chloral was discontinued after the third night; continued *Cimic.*, with generous diet. The lucid intervals are growing more prolonged, and the mania is now mere wandering, without violence; sleep fast becoming more natural, and on the fifteenth day from the inception of the mania and the seventeenth from her delivery she required no farther treatment.

Case II.—Was summoned to attend Mrs. T——, a strong, robust Irish woman, in her eighth confinement. Learned that her labors had always been tedious and difficult, though not all of them instrumental, and that she had been in labor now for eight or ten hours. A vaginal examination revealed an abnormal prominence of the sacrum, but not enough to shorten the antero-posterior diameter of the brim so as to give reason to anticipate any serious difficulty.

The presentation was normal, and although the os was rapidly dilating under the influence of regular and frequent pains, I left, directing them to send for me when the membranes ruptured and pains were of a more expulsive character.

I heard nothing further from her for twelve to fourteen hours, when a messenger reported that she had been in hard labor all the time since I left her. On arriving at her bedside found her laboring under symptoms of exhaustion. Pulse 115. Vaginal examination revealed impaction of the fœtal head at the brim.

Applied the forceps unsuccessfully, as the utmost traction I dared to use made no change in the position. Resorted to craniotomy. The cranial bones were remarkably firm, but succeeded, without unusual difficulty, in delivering an immense male child. There were unfortunately no means at hand for ascertaining its weight. Left the house, after enjoining perfect rest, and prescribing *Acon.* and *Arn.* Called the following day, about twenty hours after delivery, fearing that nothing could prevent her suffering from inflammation, and perhaps sloughing of the soft parts, which had been involved at the point of impaction, as well as other untoward complications resulting from so severe and protracted a labor.

I found her sitting up in bed, declaring that she felt all right, and that she had felt so well that morning that she had been walking about her room. I still insisted that she should remain quiet, and declined all responsibility in the case unless she followed directions.

Subsequent events proved that my anxiety was unnecessary, for after my visit she dressed herself, milked four goats, and prepared supper for five men, all within twenty-four hours after her delivery; and that she is still alive and well is attested by the fact that last week she called at my office to settle her account.

PEEKSKILL, N. Y., July 10, 1874.

Effect of Compressed Air on the Body.

INVESTIGATIONS into the physiological effect of compressed air upon the human body have brought some interesting facts to notice. It appears that some divers in German mines noticed below water a giddiness, and pains in eyes and ears, at a depth of only 30 feet, though many have descended over 130 feet. Prof. Romeaux, of Strasbourg, supposes that the blood gases, carbonic acid, nitrogen, and oxygen, are strongly compressed by the pressure upon the lungs and blood vessels, and when this pressure suddenly ceases they at once expand and act just as air-bubbles which are introduced in the air vessels, namely, they cause pains, fits, or death. This view has been confirmed by various experiments, and the conclusion is that a diver can be exposed without danger to a pressure of five atmospheres—75 pounds per inch—or 130 feet of water, while at 230 or 280 feet danger is imminent. Under all circumstances, it is well established as a principle that only perfectly healthy persons should be admitted to work in highly compressed air.

BY virtue of a provision of the Penal Code of California, which provides that "every person exhibiting the deformities of another, or his own deformities, for hire, is guilty of a misdemeanor," the exhibitors of a deformed child were recently arrested and punished in San Francisco.

TERTIARY SYPHILIS TREATED WITH AURUM AND CARBOLIC ACID.

BY HAMILTON RICKABY, M. D.

A GENTLEMAN aged 42 years recently applied to me for relief for a severe pain in the right leg. Twenty years ago he contracted syphilis. After three months' treatment by a prominent allopathic physician he was dismissed as cured. From that time until about a year since the only trouble he experienced was a slight pain and stiffness in the right knee, especially on a change of weather. About a year ago the right knee commenced swelling, and was exceedingly painful, particularly on placing the foot to the floor. In a few weeks four large ulcers formed about the knee, increasing in size from day to day, the discharge being exceedingly offensive. The treatment had been Iod. Pot. in enormous quantities, with Ung. Simp. applied to the sores. The tongue was in large fissures, the right knee was three times the size of the other, the ulcers almost penetrating to the bone. *Aurum*, 3d, was prescribed, a dose four times a day, and a weak solution of carbolic acid applied externally. In about two weeks he was so far relieved as not only to leave his bed, where he had been confined for a long time, but to walk to my office, a distance of half a mile. At the end of five weeks the ulcers had entirely healed, and the swelling almost entirely disappeared. All that remains now of the old trouble, which under heroic allopathic treatment was rapidly carrying him to his grave, is a slight stiffness of the joints.

On Rheumatic Paralysis of the Larynx.

PROF. DE RENZI relates in the *Liguria Medica*, 1874 (quoted in *Gazette Medica-Italiana Lombardia*, Feb. 28), the case of a servant maid, aged seventeen, who, in consequence of a severe cold caught a little before Christmas, had cough, sore throat, and afterwards aphonia. When she was examined on Dec. 31, the pillars of the fauces, the velum pendulum palati, and the back of the pharynx, were considerably reddened. Laryngoscopic examination showed redness of the entire laryngeal mucous membrane, and especially of the vocal cords, which remained immovable when she attempted to speak; there was no ulceration. She had slight transient headache, a sensation of a ball in her throat, and was easily excited. The diagnosis was, rheumatic paralysis of the larynx, with slight hysteria. Hydrotherapeutic treatment being without effect, faradization was applied on Jan. 1 to the skin over the larynx, by the electric brush. The next morning, on awaking, she was able to speak, though with rather muffled voice; and the ability to speak remained till the evening of the 7th, though the electricity was not again applied. On that day the fauces were found to be slightly reddened; but there was as much redness of the vocal cords as on the first day. On the 8th she awoke in a state of aphonia; but the voice returned after the application of electricity, and remained normal up to the 16th, under daily faradization of the skin.

This case, Dr. De Renzi says, suggests two important considerations: 1. In rheumatic paralysis of the larynx it is admitted by many that the laryngeal muscles are paralyzed through hyperæmia and collateral œdema, dependent on catarrh of the mucous membrane. In the present case, the paralysis was quite independent of the catarrh, since the former disappeared twice, while the latter remained. And it may be supposed that the same cause produced catarrh by its action on the mucous membrane, and paralysis by its action on the laryngeal nerves. 2. The statement of Bruns, Mackenzie, Eulenburg, etc., that laryngeal paralysis requires to be treated by the direct application of electricity to the muscles of the larynx by means of the laryngoscope, is not correct. In the case related, cutaneous faradization caused the paralysis to disappear with astonishing rapidity.

PERIODIC DISORDER OF THE AQUEOUS HUMOR OF THE EYE.—This case is recorded by Dr. Macario in the *Presse Médicale Belge*. The patient was aged forty, an anæmic female. Every morning on waking up there supervened a disorder of sight in the right eye, which lasted till 10 or 11 A.M., after which the sight became better and better till the following morning, when the same phenomenon occurred. The disease, however, increased in intensity and duration, to the degree of lasting all day. It diminished in the afternoon. Pallor of the iris and a well-marked opaline hue of the aqueous humor were the only appreciable lesions. Sulphate of quinine proved useless, and the employment of a derivative plan of treatment was successful at the end of six months.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

CITY HOSPITALS.

QUITE a commotion has been produced by our Board of Charity among the physicians and surgeons who have so long constituted what was very justly called the Bellevue and Charity Hospital Rings.

These rings had so long managed, or mismanaged, the great city charities, that they looked upon them as their own special property, and considered the poor sufferers who were so unfortunate as to be compelled by poverty to seek relief within their walls, as simply so much material for them to practice on. They were but little more than cases to be shown to students, diseased chests for them to percuss and auscultate, diseases for them to search out, and a base upon which they could illustrate their theories and carry out their hobbies; and when they died, there was the dead-house and the knife to reveal the pathological changes and show how correct had been the diagnosis and how profound the wisdom of the wonderful doctors. Within the past few years a little light has been thrown within these gloomy walls upon the glaring abuses which have prevailed there, and the old ring has very wisely been broken, the medical and surgical advisers now being divided with some show of fairness among the allopathic colleges and the general profession of that school.

This certainly is an important step forward, and so long as the great city charities must remain in allopathic hands, so long as that school hold the power, and bolt and bar their doors against all innovations and all advanced thought, except it enters in their august persons through what they are pleased to call the "regular" profession, we may be thankful that under the present rule abuses will be less glaring, and the patient have a better chance for his life.

There are certain abuses in our hospitals which we can hardly dare hope will be removed, but for the sake of humanity we hope to see modified.

The visiting physicians and surgeons receive no direct salary, but in the place of this the patients are used at their discretion for clinical instruction. Throngs of students pour through the wards or gaze down from the amphitheater upon the patient as he is manipulated by the professor. The patients are often seriously injured by this excitement and cruel exposure, and in many cases they have been carried dying from the theater. Most of the attending physicians and surgeons have their private class from which they receive ample pay, and who accompany them in their rounds and receive peculiar advantages. They gather around the patient, the chest is laid bare, and one after another auscultate and percuss the chest made sensitive by disease, carefully listening to detect the various sounds which indicate pathological changes. That the patient may be made worse or die from this exposure is nothing in comparison with the instruction received and the progress of Science.

We do not speak of these abuses,—these walls reeking with poison; these human lives sacrificed on the altar of so-called science; these poor suffering wrecks of humanity, looked upon only as means to bolster up individual reputations and indirectly bring money into the pockets of some who boast of their great charity—because the grapes are above our reach, and hence their acidity; because these men are in and we are out. No! We speak of them as abuses which cry out against our civilization, and which should not be tolerated in a Christian community, who

profess to believe in the teachings of that Great Physician whose example was one of tenderness and love. While we believe fully that these great hospitals are, and should be to a certain extent, educational institutions, the information which can be furnished there in such abundance, used for the practical instruction of the student, the advancement of science, and the good of humanity, we do not believe it should be so used as to endanger the lives or increase the sufferings of the patient.

The first thought, the first care, should be the life, the comfort of the patient, and then utilize, if possible, the information gained for the instruction of the student and the profession, and thereby the relief of the suffering outside the walls of the hospitals.

There is no large hospital in Europe where such freedom of action among the medical officers and such abuses as have crept into our great charities would be tolerated for a day. Now that the pruning knife is being applied to some of the abuses, we trust that it will go on with its work until our hospitals shall become grand institutions of healing, no longer reeking with poison and walled round with bigotry, but pouring out in the throngs of students who have sought instruction there, and the insight they have obtained into the cause and treatment of disease, healthful streams which will bring sunlight into the abodes of suffering and lift the healing art into a higher sphere.

OUR HOSPITALS.

This winter will probably witness the permanent establishment in New York of two homœopathic hospitals—the New York Hospital and Medical College for Women and the Homœopathic Surgical Hospital. The Hospital for Women has purchased probably the finest location in the city, on the corner of Thirty-seventh street and Lexington avenue, and propose to open their temporary building for the reception of patients early this fall. The Surgical Hospital is already in operation, in a building hired for the purpose, in Fifty-fourth street. Both organizations are very strong in the support which they command from the public, and both are likely to realize the desire of all friends of the cause for a good homœopathic hospital.

The establishment of these hospitals will be a step in the right direction, from a sanitary point of view, for it will be the beginning of the small hospital system so earnestly advocated of late by all who have been cognizant of the evils of large hospitals. We shall have occasion to refer to the Surgical Hospital in another number; at present we wish to apply our remarks more particularly to the Hospital for Women.

The Trustees of this institution have before them a great opportunity, and from present appearances they are likely to improve it. The object of their organization is two-fold, including a Hospital for women and a Medical College for women. Within the past two years their College has rapidly advanced in its educational rank, until now it occupies the first position among institutions of its kind, and its graduates will compare favorably with those from any medical college in the country. All praise is due to the Faculty whose labors have had this result, and to the Trustees who have supplied the facilities for the work.

A point is now reached when it seems desirable to extend the hospital facilities, and place the Hospital for Women upon a permanent basis. The Trustees have accordingly purchased a new location, appointed a large Board of the most prominent and able physicians in the city, and intend to supply a hospital which shall combine all the advantages of a large institution with the privacy which is so desirable for paying patients. The central and yet retired location, its freedom from the noise and bad odors which render the State Woman's Hospital so objectionable, its perfect healthfulness will render the New York Hospital for Women attractive to those who need hospital facilities. The direction will be, in all essential matters, vested in the staff of the Hospital, which will, we trust, be a guarantee of good management and skillful treatment. It is probable that a staff that

includes the following physicians among its members will call forth an influential support from the profession and the public, and we are glad to see among its members the names of Drs. Gray, Marcy, McVickar, Bayard, Hallock, Belcher, Blumenthal, Allen, Baldwin, Guernsey, Baner, Millard, Helmuth, Lilienthal, McMurray, Lozier, Minor, and others of well-known ability and influence. The influence of this staff upon the public ought to be sufficient to insure the success of any institution, and if such a support is not enough, then there is but little ground for the confidence with which we publicly proclaim our influence among the wealthier classes.

THE STATE BOARD OF EXAMINERS.

We call attention to the questions propounded to the candidates by the State Board of Examiners at their last examination in June. When we consider that these questions are selected promiscuously, not by the Examiners, but by the Regents, from a large series prepared by the Examiners, it is evident that the stock from which these are drawn, is not only large, but creditable in many particulars to those who prepared them. According to the rules of their organization, it is impossible that the Examiners should know beforehand, what questions will be presented, and, while this rule insures perfect impartiality, it was feared that the selections made by the Regents might not be the most judicious. The test of experience is now before us, and we must acknowledge that, considered as a whole, these questions have been selected with excellent judgment. They cover over a vast field of study, and while they are characterized by the utmost plainness, they afford the average student to determine his standing and the most advanced to distinguish himself. With this example before them, we trust that those who intend to come before the Board next December will feel encouraged. The examination is absolutely a fair one, and it will give a very accurate measure of the attainments of the candidate. The next examination takes place in this city during the last two weeks of the coming December.

GRAND CHARITY FAIR.

The Ladies' Aid Society of the Hahnemann Hospital, Chicago, will give a grand fair in aid of that charity in November, to continue a week. The Board of Managers, headed by Mrs. L. Z. Leiter, and of which Mrs. H. Ludlam is Treasurer, comprises the names of some of the most distinguished ladies in Chicago. Representing, as they do, much of the wealth and culture of the city, they will have no difficulty in filling the various departments, with which the fair is divided, with an attractive display of goods. Among the departments, each of which will have its distinct head, we notice a department of fancy work; of plain sewing; the infants' and children's department; one of toys and amusements; a floral department; one of household art; of books, magazines, and stationery; the country store; and last, but not least, an ample refreshment department. One of the features of the fair will be a daily journal called the *Hospital Bazar*, full of little spicy tit-bits, and giving a detailed account of the progress of the fair and the names of the donors. We shall be very much mistaken if this fair, under the active and energetic management of the ladies who have taken it in hand, does not prove a grand success.

Pulmonary Hemorrhage due to Injury of the Encephalon.

At one of the recent meetings of the Société de Biologie, Dr. Baréty communicated the details of a case realizing accidentally Brown-Séquard's experiments, in which traumatism of various parts of the encephalon determined pulmonary hemorrhage. In Dr. Baréty's case the patient (a female servant, aged thirty-five), had fallen from a first floor and fractured the base of the cranium. After various symptoms the woman died, and at the post-mortem examination meningeal hemorrhage of the right hemisphere, sero-sanguineous effusion in the lateral ventricles, congestion and pulmonary hemorrhage of the right side, and subpleural hemorrhage of the same side were noted. This is Dr. Baréty's eighth case in which various pathological modifications dependent on hemorrhage and circumscribed softening of the brain, and seated on the paralyzed side, have been shown. The previous seven were communicated to the same Society in its sitting of July last.

QUESTIONS PRESENTED TO THE CANDIDATES at the Examination in June, 1874, before the State Board of Medical Examiners.

ANATOMY.

1. Describe the hip-joint.
2. Describe the muscular apparatus of the eye.
3. Describe the valves of the heart.
4. Describe the minute anatomy of the lungs.
5. What changes occur in the structure of the os femoris from infancy to old age?

PHYSIOLOGY.

1. How would you distinguish a secretion from an excretion physiologically?
2. Define function, and illustrate it.
3. State some of the conditions which modify the amount of urine formed daily.
4. Is urea formed as such in the blood, or is it a functional product of the kidneys?
5. What is the food-source of urea, and to how many kinds of work can it be ascribed?

HISTOLOGY.

1. Define a cell.
2. What is "budding," or germination?
3. What is "germinal matter?"
4. What movements may be observed in cells?
5. What are the effects of temperature upon the cell?

CHEMISTRY.

1. What element is most abundant? State its properties and varying forms.
2. Is the air a chemical compound or a mixture? Give proofs.
3. What are nitrates and nitrites?
4. What are the prominent tests for arsenic?
5. What are the chemical changes in respiration?

PATHOLOGY.

1. What is the distinction between physiology and pathology?
2. Define the terms Epidemic, Endemic, Sporadic and Zymotic.
3. Define the terms Diagnosis and Prognosis, and illustrate by an example taken from any department of special pathology.
4. Name and describe some of the organic lesions, morbid products, and structural changes which occur in benign or curable diseases.
5. What is a contagion? How many are known, and how do you classify them?

DIAGNOSIS.

1. Give the differential diagnosis between Bright's disease and simple albuminuria.
2. Give the differential diagnosis between typhus fever and typhoid or enteric fever.
3. How do you distinguish chronic pneumonia from tuberculosis?
4. How do you distinguish sciatica from disease of the hip-joint?
5. How do you detect albumen in the urine?

SURGERY.

1. What methods of local treatment may be used with advantage in cases of sub-acute or chronic cystitis?
2. Give the prognosis and treatment of dislocation of the sternal end of the clavicle.
3. What are the primary, secondary, and tertiary forms of syphilis?
4. Give the differential diagnosis between compression and concussion of the brain.
5. Give the diagnosis and treatment of hip disease.

OBSTETRICS.

1. Describe the changes which occur in the uterus during pregnancy; the formation of the fœtus and its appendages.
2. Describe the fœtal circulation, and state how it differs from that of extra-uterine life.
3. Suppose that, during labor, a sudden and entire suspension of vigorous labor pains, with syncope, should occur, what would be the probable cause, and how would you treat such a case?
4. What are the symptoms of puerperal peritonitis; what is the best allopathic treatment, and what the homœopathic?
5. Give the pathology, diagnosis, and treatment of uterine hydatids.

HOMŒOPATHIC MATERIA MEDICA.

1. Describe in a general way the methods of preparing homœopathic medicines; state the terms used to designate the various preparations of a drug, and define the two scales according to which, chiefly, homœopathic medicines are prepared.
2. Describe the action of Phosphorus on the respiratory organs and functions of the healthy human subject; and compare it with

that of Antimonium tartaricum and that of Arsenicum.

3. Give the indications for Camphor in a case of Asiatic cholera, as they are accepted by homœopathic physicians.

4. State the indications for Nitric Acid in diseases of the kidneys and of the rectum respectively.

5. State the mental and moral symptoms procured by Stramonium in the healthy human subject.

ALLOPATHIC MATERIA MEDICA.

1. What are the properties of Potassa or Potash as a therapeutic agent when uncombined or simply dissolved?

2. Mention some of the salts of Potash which are used in medicine, and what chemical and physiological qualities they possess in common.

3. Mention some of the prominent Diuretics upon which most dependence is placed in the treatment of dropsies.

4. What are the physiological effects of Tartar Emetic upon the pulse, muscular system, and the secretions generally?

5. What are the effects produced by the local application of Tartar Emetic to the skin, and for what purpose is it so used?

ECLECTIC MATERIA MEDICA.

1. State some of the classifications of remedies adopted in the Eclectic Materia Medica and give the names of some remedies belonging to the classes named.

2. State the general rule which is laid down in Eclectic medical works for the determination of the doses of drugs.

3. Describe the physiological properties of Veratrum vivide and the indications for its use in treating diseases according to Eclectic therapeutics.

4. What are the teachings of Eclectic authors respecting the various preparations of Mercury and Arsenic, and their use in the treatment of disease? Cite authorities.

5. Describe the properties and uses of Lobelia inflata according to the teachings and practice of Eclectic physicians.

HOMŒOPATHIC THERAPEUTICS.

1. In prescribing for a patient, how does the homœopathic physician, acting according to Hahnemann's directions, derive his indications for the remedy to be administered?

2. Do homœopathic physicians, in making up the "totality of symptoms" of a case, include the pathological histology of the case? If so, give examples.

3. What do homœopathic physicians mean by "individualizing cases;" and on what ground do they deprecate prescribing on the nosological designation of a case.

4. What is meant by the pathology of a disease; and how do homœopathic physicians make use of pathology in treating the sick?

5. What were Hahnemann's teachings with regard to predispositions to disease; and with regard to chronic diseases generally?

ALLOPATHIC THERAPEUTICS.

1. What two general departments of knowledge constitute the science of Therapeutics?

2. How do we arrive at our knowledge of the curative effects of drugs?

3. What do you understand by "crisis" in disease?

4. By what power or agency are crises originated and carried on?

5. In those morbid affections of the animal body which have no tendency to crisis, as, for instance, the various forms of neuralgia, what are our guides to treatment?

ECLECTIC THERAPEUTICS.

1. State the theory of "Specific Medication," according to the teachings of the Eclectic school.

2. What is meant by "Specific Medication," as distinguished from "Specific Medicines," according to the teachings of the Eclectic school?

3. What is meant by "Specific Diagnosis" as the term is used by Eclectic authors? Give illustrations.

4. Describe the method employed by physicians of the Eclectic school in examining a patient and determining the prescription.

5. Suppose and describe a moderately severe case of gastro-enteritis, and describe the eclectic method of examining the patient; direct the regimen, and make a prescription according to Eclectic rules.

CLINICAL MEDICINE.

1. Name some remedies that have been given for the cure or relief of Intermittent Fever, and state the special indications for the use of one or more of them.

2. What are the symptoms that characterize Diphtheria?

3. What are the symptoms of Pneumonia, and the pathological conditions in its different stages?

4. What are the symptoms, pathological condition, and probable duration of Cancer of the Stomach?

5. What are the symptoms, cause, and treatment of Variola?

Reviews of Books.

EXPERIMENTAL RESEARCHES ON THE CAUSES AND NATURE OF CATARRHUS ÆSTIVUS (HAY FEVER OR HAY ASTHMA). By Charles H. Blackie, M.R.C.S., England. London: Baillière, Tindall & Cox, 1873.

THE attention of the medical profession has been, within the past few years, specially directed to a consideration of the perplexing and annoying disease of which this volume treats, on account of its greater prevalence and the lack of success which has attended all efforts at relief. Many theories of its cause and peculiar nature have been advanced, and many specifics recommended, but, thus far, the specifics have merely acted, if at all, as palliatives, the disease itself going on unchecked until the peculiar cause which produced it had disappeared.

Dr. Blackie, himself a severe sufferer from this malady, determined to test, by actual experiment, the validity of the opinions held on the cause of this disease, and to collect additional information upon points which were uncertain and doubtful, and thus help to clear up some of the obscurities which have rested on the subject. He first presents a very clear but concise statement of the various opinions held as to the causes of hay fever, and then details a very interesting series of experiments upon the most prominent of the supposed causes, to ascertain, if possible, the true one. They include experiments with benzoic acid, with coumarin (the substance which gives the odor to new-made hay), and with *odors* of various kinds; experiments on the action of *ozone*, observations on the effects of *dust*, experiments on *pollen*, observations on the influence of *light* and *heat*.

From the uniform negative results of all his experiments with benzoic acid, the author was confident it had no power to produce any of the symptoms of hay fever. Coumarin is found in several of the grasses, but is most easily obtained from the *Tonka* bean, from which, if a tincture is made, we get a strong odor of new-made hay. Careful experiments with this substance, at different seasons of the year, produced not the slightest approach to any of the symptoms of hay fever.

In his experiments with odors of various kinds, including a large number of those which had been supposed to produce the disease, he found no symptoms developed which, in the least degree, resembled hay fever. In his experiments with ozone he was not only equally unsuccessful, but shows, pretty conclusively, that if atmospheric ozone is the cause of hay fever in any case, it would be most prevalent by the sea side or out on the ocean, away from the influence of land breezes —the very place where the patient is most free from it.

In the experiments thus far made the author has only recorded negative results; but he now enters upon a different field, in which every experiment is followed by a greater or lesser amount of unmistakable effect, which seem to point to *pollen* as the most powerful if not the only cause of the malady.

In investigating the action of pollen on the respiratory and other organs, the questions which presented themselves were:

1. Can pollen produce the symptoms of hay fever?

2. Does this property belong to all the pollens, or is it confined to the pollen of some one or more orders of plants, and, if so, to what natural order does it belong?

3. Is this condition found in the dried as well as in the fresh pollen?

4. To what special substance in pollen is this supposed action due?

Experiments were tried not only with the pollen of the grasses, but of thirty-five other natural orders, including the cereals, by applying it to the mucous surface, and by inhalation. The result was hay fever, in greater or less severity. In the dried state, 1,700 pollen grains of the *Sollum Italicum* scarcely depressed the scale of a balance which turns easily at the $\frac{1}{200}$th of a grain, and yet the effect upon the mucous membrane was not only marked, but severe. In a series of ingenious experiments, the author collected on glass sticks, in different localities, sufficient pollen to form something of an estimate of the amount floating in the

air. He found it was carried for miles in quantities sufficient to produce the poisonous effects, and, wherever found in large quantities, the disease among those susceptible was always present. By the use of the kite and the balloon he collected it in some of the upper strata of air, which accounts for the attacks being sometimes experienced far away from any point where the pollen could have been produced.

In the numerous and scientific experiments which the author has made, he proves, we think conclusively, that pollen of all kinds will give rise to some of the symptoms of hay fever, and that all the other so-called causes have little or nothing to do with generating the disease. The attacks are produced by these minute particles of pollen floating in the atmosphere at the time.

How to account for the peculiar idiosyncrasies of constitution by which one person is liable to an attack, and another, though exposed to the same influence, is not, has never yet been ascertained. We see, however, this peculiarity existing all around us, one person being extremely susceptible to a poison, and another not in the least. All writers agree that this is a decidedly aristocratic disease, being confined almost exclusively to the educated classes. There are, probably, some exceptions to this rule, but the peculiar condition of the system which mental training generates, is undoubtedly favorable to the development of the disorder. As it regards treatment, the only positive remedy is to get into a place where there is an absence of pollen. Hence on the ocean or by the sea shore, when the wind blows from the sea, is about the only positive preventative that we have. People about New York go in large numbers to Fire Island, it being a mere sand beach several miles away from the land. Treatment by drugs has been found to be only palliative, even the washing out the throat and the nasal passages with a weak solution of quinine, failing like all the rest.

As palliatives, we have found more benefit from *rhus*, *bell.*, *apis*, *arsenicum*, *ignatia*, *stram.*, *lobelia*, and the iodide, nitrate, and bromide of potash, than anything else; but not anything we have ever tried produces any permanent relief until the pollen, the cause of all the trouble, disappears.

NADLER describes, but does not name, a new alkaloid derived from morphine.

NORTHERN CALIFORNIA, OREGON AND THE SANDWICH ISLANDS. By Charles Nordhoff. New York: Harper & Brothers. 1874.

This work is, to a certain extent, a continuation, although complete in itself, of the author's previous volume, "*California; for Health, Pleasure, and Residence,*" a somewhat extended notice of which appeared about a year since in the MEDICAL UNION. Mr. Nordhoff's long training as editor of one of our leading New York daily papers, his close habits of observation, and his clear and forcible style, fit him in an eminent degree for a work like the present, in which the mind ranges from the solid fields of scientific fact to the pleasant descriptions of life and scenery, and the sparkle and wit of travel. With much that is amusing, is woven an immense amount of accurate scientific information, rendering the work almost indispensable to those who wish to be thoroughly conversant with the resources, the climate, and life, along the Pacific slope.

Speaking of the climate of the Sandwich Islands, he says the mercury ranged in Honolulu, in January, between 78° and 68°, December and January being the coldest months in the year. The variation, however, during the year is extremely slight, and the maximum of the warmest day in July being only 86°, and the coldest in December 62°. He thinks the climate, notwithstanding it is an excellent one for consumptives, must still in the long run be somewhat debilitating to Americans. The very graphic description of the Leper Asylum at Molokai was copied into a previous number of the UNION.

One cannot help but wonder as he reads the glowing descriptions of the immense agricultural resources and the superb climate of the Pacific slope, that so many young men should be willing to vegetate around our Eastern cities, when health, comfort, and speedy wealth are almost sure to follow intelligent and well-directed efforts in these immense and fruitful regions. We read of wheat fields by the thousand acres, vineyards and wine vaults the largest and finest in the world; of cattle and sheep growing, and the immense returns produced by them. Farms, with telegraph stations to communicate from one point to the other, would be something of a novelty in the East, and yet they are quite common there. At the proper season of the year we can imagine nothing more delightful

in the way of travel than a trip across the continent, and up and down along the Pacific coast among these strange and wild, yet charming and health-invigorating, scenes. For the grand and beautiful in nature the traveler will find no spot in the world which will compare with our own mountains and valleys, and no trip he can take more beneficial to health.

BINZ AND ANSTIE ON BROMIDE OF POTASSIUM.

THE articles by Binz and Anstie in the January number of the *Practitioner* are very instructive. After great experience with it of late in the usual, imperfect and unsystematic way, it appears to be a salt of not great power, probably not more active as a poison than common salt; and its more obvious action seems to be as a mild narcotic acting chiefly on the reflex action of the spinal cord, with slightly hypnotic power. It is for these purposes chiefly given and with the usual results of a fashionable drug used by unscientific, merely professional hands, at first unduly lauded, and then producing the customary disappointment. But there are some things that remain, and it is singular to look at what these are. The drug was at first introduced by Dr. Locock on account of its supposed primary action in depressing the sexual nerves and function. But in Binz's paper here, p. 10, we find the experiments of Laborde thus narrated. He took ninety-four grains each time.

"Within an hour he felt a general sensation of well-being and calm which incited to sleep; the latter, however, was but half established, so to speak, and in this half sleep there soon came on, especially if he was lying on his bed, a more or less intense sexual excitement, which was according to circumstances—habitually accompanied by erection and emission; this act, of which there is always perfect consciousness, almost always awakened him. . . . . Finally, sleep is definitely established, but with more difficulty or less rapidity than when emission does not take place."

To this Binz remarks only, "Thus *K. br.* is also an aphrodisiac. What many-sidedness!"

And on this Anstie makes no remark at all, except apparently inadvertently in a parenthesis which is very significant in spite of him; for, as usual, Anstie evades the difficult points in pharmaco-dynamics. He does not dare to give the true explanation of the many homœopathic actions of medicines, so he keeps discreet silence. The conclusion of Binz is that the whole therapeutic action of *K. br.* has been exaggerated, and that it is of very little value, and that the good that it happens to do is solely on account of the potash it contains. Hereupon Anstie writes an article intended to confute that dictum by the English experience. The main body of this is, we find little more than a transcript of R. Reynolds' well-known articles on the use of it in epilepsy, in some cases of which he pronounces it curative in doses of four to forty grains daily. On this Anstie gives the result of the experience of himself and Dr. Hughlings Jackson, and alas! they both agreed that neither of them had ever seen an example of a cure of epilepsy by it. It can mitigate the number and severity of the fits, as anybody now knows, but cure never.

Both of them have great doubts if it has any effect as a hypnotic in the miscellaneous forms of insomnia. Anstie then says for himself, "As regards sleeplessness from emotional causes (*with the exception of the insomnia produced by sexual excitement with exhaustion*), I am not convinced on the whole that *K. br.* is distinctly remedial" (p. 22).*

This is very remarkable indeed. The original discovery of *K. br.* was empirical from its calming sexual excitement and the diseases arising from it, and of course it was assumed such influence was from its primary action. But now by more extended proving it turns out this is one of its true specific actions, and is really homœopathic. At the same time, the really slight narcotic action or reflex actions in the healthy were turned to account allopathically, and after twenty years' experience it is confessed to have failed to cure by means of them; whereas the only action which still holds its ground as curative, as admitted involuntarily by Anstie, is the homœopathic action. This is of the more specific character only discovered by long proving, for the specific susceptibility is not always developed, and thus the careless, unsystematic, haphazard proving does not reach it. There is another specific action now found, viz., the rash or acne on the skin, and on this R.

* To the above testimony of Anstie may be added what he says on *Neuralgia*: "It is singularly efficacious, but in a comparatively limited number of cases; the majority of these are instances of some form of sexual worry."

Reynolds gives a most significant remark, "the rash or acne on the skin which is occasionally seen is not determined by the quantity of the *Bromide* that is taken. I have seen it after a few doses of five grains each, and it has been absent in many cases where thirty grains have been taken three times daily for six or even twelve months."

Thus it is not one of the common actions which may be produced at will by merely giving enough of it, but it is one of the peculiar actions which requires the presence of the special susceptibility to bring it out—one of the idio-dynamic class as named by Dr. Madden, and it is in them that the more specific curative actions of medicines lie, and as such is almost independent of dose. We have repeatedly verified the curative effect of *K. br.* in this form of acne to two or three grain doses. Thus the only two diseases in which *K. br.* holds its ground as a really curative drug are the two in which the specific and homœopathic actions are synonymous.

Besides these two no doubt there are other diseased states in which *K. br.* is truly curative, and if they are closely studied we have no doubt they will be also found to be homœopathic. The analysis of Dr. Clouston's experience in a lunatic asylum shows the merely palliative action of the drug in epileptic fits, and no cure is reported, although there was some permanent amendment in some cases, while others were actually worse after the palliative effect had subsided.

To weigh the real value of the drug when used for its merely primary or allopathic action we need be in no difficulty. We are quite ready to acknowledge the degree in which it may "do good" to the patient by calming reflex spinal irritation for the time even. No doubt there are circumstances where such a drug may benefit the health by warding off the immediate evils of the succession of fits, and in default of true cures this is not a means to be despised or withheld. The best way to picture the matter to ourselves it to compare it to the effect of a mild purgative like *Rhubarb* or aloes in constipation; by means of this from time to time we can ward off any serious evils, although we do not cure the tendency to constipation, and in default of that the occasional purgative is a smaller evil than the manifold secondary disturbance from inaction of the colon.

But we should not be satisfied with that, and always aim at the radical and true specific cures. But as long as men are hindered by subsidiary personal motives from fairly and philosophically discussing all the possible actions, homœopathic as well as other, of medicines, it is impossible that there can be any important or philosophical discussion of the subject between ourselves and the adherents of the dominant school. And yet the time has surely gone by when our opponents can afford to treat us as unworthy of professional courtesy when almost every improvement that has of late years been effected in old-school therapeutics has been merely a "crib" from the practice of the school they despise in words but in fact secretly admire, if imitation be a sign of admiration.—*British Journal of Homœopathy.*

Granular Inflammation of the Eyes.

A PROMINENT oculist says that the contagious Egyptian or granular inflammation of the eyes is spreading rapidly throughout the country, and that he has been able in many, and indeed in a majority of cases, to trace the disease to what are commonly called rolling towels. Towels of this kind are generally found in country hotels and in the dwellings of the working classes, and, being thus used by nearly every one, are made the carriers of one of the most dangerous and, as regards its symptoms, most troublesome diseases of the eye. This being the case, it is urgently recommended that the use of these rolling towels be discarded, and thus one of the special vehicles for the spread of a most dangerous disorder of the eyes—one by which thousands of workingmen are annually deprived of their means of support—will no longer exist.

HOMŒOPATHY IN THE UNIVERSITY OF PESTH.—The Hungarian Government has decreed at last that the homœopathic course shall be annexed to the University of Pesth. The theoretic part (properly so called) is taught by Messrs. Hausmann and Von Bakody, two professors well known in the annals of science. As to the clinical teaching, it is given by homœopathic physicians attached to the Hospital St. Roch, at Buda, Pesth.—*Revue Homœopathique, Belge.*

THE most unhealthy city in Europe is Berlin, its death-rate amounting to 5.5 per cent. Munich comes next to Berlin.

Transactions.

STATE HOMŒOPATHIC MEDICAL SOCIETY.

The 23d semi-annual meeting of the Homœopathic Medical Society of the State of New York was held in the Supreme Court Room, at Syracuse, on the 8th inst.

The report from the New York members of the Committee of Arrangements on the "World's Homœopathic Convention" was made, showing what was proposed to be done at that convention.

A report was made in regard to chapter 436 of the laws of 1874, being an act to regulate the practice of medicine and surgery in the State of New York, urging that the law should be enforced with all due promptitude by the several County Societies of the State.

A resolution by Dr. Vincent, recommending the organization of voluntary District Societies was adopted, and a committee of five, consisting of Dr. Vincent as chairman, and Drs. Miller, Hawley, Throop and Cook, was appointed to present the matter to the State Society at the yearly meeting in February.

Dr. Watson presented, and in an able and elaborate speech supported the following resolution, which was unanimously adopted:

Whereas, It is of the highest importance to the welfare of the people that proper sanitary regulations be established throughout the State;

Resolved, That the Homœopathic Medical Society of the State of New York, respectfully urges upon the Legislature of 1875, the passage of the act herewith presented, to create a State Board of Health for the protection of life and health, and to prevent the spread of diseases in the State of New York.

The following gentlemen were appointed a committee to present the said bill to the Legislature, viz.: H. M. Paine, W. H. Watson, E. D. Jones, M. O. Terry and F. L. Vincent.

Dr. Stiles, Medical Superintendent of the State Homœopathic Asylum for the Insane at Middletown, made an excellent and encouraging report concerning that institution, and demonstrated at length the advantages offered by this home for the afflicted.

Dr. Vincent moved a vote of thanks to Dr. Stiles for his very able report, expressing the confidence of the society in Dr. Stiles and in his management of the Asylum.

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The New York County Homœopathic Medical Society held a special meeting at the N. Y. Homœopathic Ophthalmic Hospital, Wednesday evening, September 23, Dr. Throop in the chair.

The subject of the previous regular meeting received further attention, and the ball of discussion was first set rolling by a paper upon Post partum Hemorrhage, by Dr. J. Robie Wood.

The doctor spoke of its causes, and gave many hints for its prevention.

The application of electricity for the purpose of exciting the uterus, and arousing its contraction in tedious labor, was advocated by Doctor and Doctress White, and illustrated by the reports of several cases where it had acted promptly and very favorably both for the mother and child.

Dr. Houghton theorized upon how electricity excited contractions of the uterus, and where the poles should be placed to produce the greatest effect. He thought it best to apply the electrodes in the illiac fossæ, that the muscular tissue of the womb might be directly acted upon.

A desultory discussion followed, and the meeting adjourned.

On Iodoform as a Topical Remedy.

Dr. Courteaux (*Annales de Dermatologie et de Syphiligraphie*, vol. v. 1873–4) gives a summary notice of two recent works by Petiteau and Isard on the use of iodoform. Petiteau's conclusions, which, Dr. Courteaux says, agree with his own and those of several surgeons at the Midi Hospital of Paris, are as follows:

1. Iodoform is locally anæsthetic.

2. When dusted on ulcerating surfaces, it causes them to cicatrize rapidly.

3. It is most useful in small atonic wounds or such as tend to creep or enlarge; soft chancres, suppurating buboes; syphilitic, varicose, scrofulous, and cancerous ulcers.

4. It is the surest remedy to procure a prompt cicatrization of syphilitic ulcers of all kinds.

5. It may be applied as an ointment, or as a solution in glycerine and alcohol, and in these forms is preferable to the powder when there is abundant suppuration.

6. It should be always accompanied in syphilitic affections by internal treatment.

Gleanings.

Acute Articular Rheumatism.

Dr. Da Costa gives some interesting cases of this disease, treated with, he thinks, more than ordinary success by *bromide of ammonium*. There was an entire absence of those *acid* perspirations so common in rheumatism, and the urine was not excessively acid. We presume every practical homœopath will agree with him when he says: "I feel convinced that the so-called acid theory of rheumatism which assumes that there is an extreme acid condition of the system, and that such acid must be eliminated is unsatisfactory in all cases, nor do I think it is the real and only solution of the so-called rheumatic diathesis or production of the phenomena of acute articular rheumatism." The advantages which the bromide of ammonium has in simple uncomplicated cases over the alkaline treatment are, he thinks, the more speedy and perfect convalescence of his patients. There is no pallor and anæmia, general distress, alteration of blood and tissues, which the long-continued use of alkalies will cause. As soon as the acute symptoms are relieved, the remedy is followed by tonics.

Chloride of Lime in Diphtheria.

Dr. Neidhard speaks very strongly of the use of the chloride of lime in diphtheria, it proving almost a specific in his hands for all cases. Dr. Mintor England pronounces the chloride of lime of superior efficacy to any other remedy in the worst cases. Dr. Richard Hughes, after canvassing fifty cases, comes to the conclusion that our most hopeful outlook is in the direction of such antiseptics as *permang-pot.* and *chin.-colc.* Dr. Aten, of Brooklyn, has used it with the most brilliant results, and in our own practice we have found it of very great value. It is used both internally and externally, eight to twenty drops being put in a glassful of water, and a teaspoonful given from half an hour to two hours. A gargle is prepared by mixing a teaspoonful with a tumbler of water.

M. Raboteau states that while the salts of thallium are no more poisonous than lead salts, they act more rapidly on account of their greater diffusibility.

Condensed News Items.

A physician near Montpelier, being asked his opinion of cremation, replied that it might be used in extreme cases, but only by the most experienced practitioners.

A woman forty-five years old, died in an insane asylum in Edinburgh, after having been confined to her bed for five years. After her death it was found that her bones had become soft and light, and had in fact almost disappeared. She suffered no pain.

The annual collection in London for the Metropolitan Hospitals, amounted this year to £29,500. Of this total sum £24,478 has been distributed among seventy hospitals, and £2,961 to forty-six dispensaries.

Dr. Hammond has commenced suit against the *Medical Record* for libel, in reference to editorial statements in that journal, about his recent investigations in the cases of McCormick and Entwistle, supposed to have died with hydrophobia.

The *United States Medical and Surgical Journal* and the *Medical Investigator* will hereafter appear as one journal, under one editorial head. We have no doubt this union will add materially to the strength and efficiency of the new enterprise.

The Signal Office at Washington has perfected arrangements with the various meteorological bureaus of European States for an international exchange of weather reports. This co-operation cannot fail to be productive of highly important results, both for commerce and science.

Dr. Bellesm finds that the poison of the scorpion acts directly on the red blood globules, causing them to agglutenate, and obstruct the capillary vessels, and thus stop the circulation, producing death. The passage of these altered globules through the capillaries of the brain causes the convulsions, the vomiting, vertigo, and other marks of congestion. When the quantity of poison is sufficient to cause rapid death, it takes place by embolism and arrest of circulation.

Dr. Gamberini, in the *Revue de Thérap. Med. Chir.*, speaks highly of the volatile oil of celery in amenorrhœa, and cites three cases in which the effect of the oil was remarkably good.

Publisher's Department.

S. J. Albright, Publisher.

Office, 18 West 23d Street, New York.

Dispensary Charity and Practice.

Dr. H. Rickaby, of the Forty-second street Homœopathic Dispensary, informs us that about twelve hundred charity patients are treated monthly at that institution. Great credit is due to Dr. R. for his unflagging energy, in the face of many discouragements, in keeping this dispensary up to its present high standard of usefulness and excellence. "Cast thy bread upon the waters," good Doctor.

A most excellent opportunity for some of the younger practitioners of the homœopathic school to gain practical experience in the treatment of disease, might be afforded them by a daily attendance at the different dispensaries in the city; and whilst they were thus gaining desirable knowledge, which in after years would be to them a source of wealth, they would at the same time be doing a charity to the poor and friendless. Dr. Rickaby is in want of just such assistance as we have referred to, and scores of young beginners require exactly the practical dispensary and bed-side experience which would be here afforded them. As a matter of duty to themselves, to their future patients, and to the profession which they hope to honor by their skill, advantage should be taken of the opportunities afforded them.

Vivisection.—Mr. Bergh is out with a strong article condemning vivisection as practiced by some of our physiologists, as not only cruel in itself, but of no practical use to the cause of science. It must be confessed, Mr. Bergh speaks with some authority, when he quotes in support of his views, such names as Colin, Drummond, Sir C. Bell, Longet, Abernethy, Elliotson, Sir Astley Cooper, Flemming, Carpenter, Cuvier, Johnson and a host of other able observers. He particularly remarks that the united opinion of these men may quite equal in weight, the judgment of Dr. Flint, jr., and Dr. Dalton. Mr. Bergh, however, seems to lose sight of one very important point—that most of the animals are rendered entirely insensible to pain, by the use of anæsthetics. Were it not for this, there would be but one opinion of the needless cruelty of vivisection.

Cause of Delays.

It is a fortunate circumstance that our readers are not dependent upon the Medical Union for the current news and literature of the day; otherwise they might have become impatient at the tardy appearance of the succeeding numbers of the journal during the summer months,—a feeling which the publisher has at times barely escaped. Here lies the cause and apology. The working editors, worn down by their severe professional labors during ten months of the year, have taken advantage of the absence of a majority of their patrons from the city, to secure a brief term of rest for themselves, and physically prepare themselves for the duties of the fall and winter. Of course the professional patrons of the *Union* will fully appreciate the necessity of such a course; and not only absolve the publishers from blame in the matter, but hold the editors justifiable, in view of the past prompt and most excellent services gratuitously rendered to the cause of Homœopathy, and the interest of humanity.

Dr. Hayes claims that he reached in his Arctic explorations, a higher point than has ever been reached by any other explorer, higher than even the recent Austrian expedition. Smith's Sound, he thinks, is the only available route to the pole, and hopes, at no distant day, to start on a fresh tour of observation to that icy region.

Anatomical Studies.—Messrs. Berendsohn & Bro., of 23 John street, have on exhibition manakins and anatomical models of the rarest and most perfect description. A visit to their rooms will richly repay either practitioner or student.

New Jersey is making a new rum from cranberries, which is said to have a longer range than its former "lightning," the latter only killing at forty rods, while the former is deadly from amyle.

Notable Deaths.—In England, the death of Dr. Charles Blake, the celebrated African explorer, is announced; also, that of Sir William Fairburn, the constructor of the first iron ship.

The plague is still spreading in Northern Africa, and has appeared in the neighborhood of Mecca.

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Original Articles.

PRACTICAL CONCLUSIONS UPON THE TREATMENT OF TUMORS.

BY JOHN C. MINOR, M. D.

From a Clinical Lecture in the N. Y. Medical College for Women.

I INTENDED to limit myself to a few clinical suggestions with reference to cancerous growths, but the subject very naturally includes the treatment of tumors that are not malignant, and, therefore, while my remarks are in no sense exhaustive as regards the treatment of cancers I shall use that liberty, which belongs to every clinical teacher, of branching off into any topic that is relevant to our main subject.

In order to appreciate the treatment of cancerous growths, we must bear steadily in view the pathology of the disease. To be sure, it is very little that we know of the pathology of cancer, but what we do possess in that direction is of vital importance. For me the classification of cancers is of little moment, and the points now disputed by pathologists as to their mode of growth excites only a scientific interest but no professional enthusiasm. I regard the practical issue of these investigations to have been reached when cancer was proved to have a local origin. Let us see what practical conclusions are derived from this result.

Before the time of Virchow, cancer was believed to be primarily a blood-disease, the patient's constitution was contaminated by this cancerous dyscrasia, which resulted in the development of a deposit of cancerous matter, constituting the tumor, just as the patient whose blood is poisoned by syphilis suffers from the local manifestation of the disease in an eruption or other characteristic lesion.

In those times the cancer was supposed to be a deposit of cells from the serum of the blood exuded from the vessels into the tissues. The blood was the source of the disease, the tumor was its local sign.

If we adopt this view of the case, then we cannot consistently advise or practice the extirpation of cancerous growths any more than we can advise the cure of syphilis by cutting out the syphilistic nodes on our patient's leg. But you will ask whether I really believe that cancers can be cured? The question travels ahead of my argument, but I answer at once that I do believe in the cure of the disease, and we will now consider the grounds for that belief. But let us first understand what is a blood-disease. Whether my view is correct according to the authorities or not, I cannot say, but what studies I have made point to but one test, and accordingly I define a blood-disease to be *one that can be reproduced in some of its forms by inoculation.*

Measured by this test tubercular phthisis is a blood-disease, syphilis, septicæmia, and small-pox are blood-diseases, but cancer is not.

It is unnecessary for me to give a *resumé* of the investigations that have gradually led to the result I have mentioned. For a brief but excellent survey of the whole subject I would refer you to the first of the Toner Lectures, delivered by Dr. Woodward and published by the Smithsonian Institution, on "The Structure of Cancerous Tumors, and the mode in which adjacent parts are invaded." I call your attention merely to the facts that seem most important, and first of all to the local origin of the disease. A cancer may be de-

veloped in a previously healthy person by a blow or other injury.

Why this injury results in a cancer instead of an ordinary bruise that gives no more trouble, is an unsolved problem to which the replies are simply negative. I advise you not to speculate upon its solution, because it will lead you off from the proper aim of your study into a field where, in our present ignorance, an erroneous opinion has as much weight as a true one. It is enough that this injury which is to produce a cancer acts just as any other injury would do—it excites a certain amount of inflammation. The white blood-corpuscles come creeping out of the capillary vessels and travel through the lymphatic network to the injured part, just as small boys, upon the first alarm of fire, steal out of back-doors and run through lanes and alleys to the scene of conflagration. Were this injury to have a harmless result, these white corpuscles would undergo resolution, or, by their multiplication, result in a collection of pus; but we are to have a cancer, and just here it will be convenient to have it at once, otherwise I should have to describe what is at present unknown.

We will suppose, then, that the cancer has been removed before the glands have become involved, and that it is under examination by a skillful microscopist. He will find a fine network of branches which we will liken to a branch of coral—call it *stroma* if you choose, names are of no importance. What is this stroma, this network of interlacing branches? It is a network of lymphatic tubules filled with white blood-corpuscles. But the corpuscles have changed their appearance a little and their habits a great deal. They are exaggerated, that is to say, they reach their growth quicker, they grow larger, they are reproduced faster, and they die more rapidly than in the normal state. This exaggerated condition extends to the tubules which contain them. They are larger than natural and are lined with an endothelium, just as the tubules of the kidney are lined with cells. The endothelial scales, irregular in size and shape, are the "cancer-cells," so called, in some forms of cancer. In other forms of cancer the white globules constitute the bulk of the cancer-cells. This whole mass, the stroma and its contents and the surrounding tissue, permeated with cancer-cells, constitutes the cancer. How far does this cancer extend? Follow the growth backward to its origin, making sections of the growth, and we shall find at first that the central mass is nothing but stroma and cells, and that the normal tissue, whether muscular or glandular, has entirely disappeared. Tracing it back, section by section, we shall presently come upon fibrous tissue and then upon the normal structure of the part, muscular tissue we will suppose, its fibres crowded apart by cancer-cells. As we proceed section by section toward the healthy tissue, the normal tissue preponderates more and more and we come to the end of our tubules, our stroma or cancer cylinder. A few more sections show a few free cancer-cells, the advance guard of the invading army which we have left behind, and finally we come upon perfectly healthy tissue without a trace of cancer.

This disease travels backward into the system slowly, as we know by experience. By slow movement I mean several weeks or months. It follows the direction of the lymphatics. These two facts with the clinical and pathological evidence of its local origin are enough for us. If we can arrest the disease by cutting out every trace of it we may reasonably expect to cure it. But it is beyond our reach when the surrounding lymphatics become enlarged, for these are swollen, not by "sympathetic irritation," but by direct development.

The plain teaching of all this is to operate early. As soon as a tumor is discovered, which may be a harmless fibroid or a true cancer, don't wait for your diagnosis to be confirmed, but remove it at once. Educate yourselves and your patients to a proper detestation of tumors, and although you will be unable to prove that the case which you suspect to be one of cancer is so without question, yet I am confident that among a number of tumors removed in their early stage never to return there will be a fair proportion of genuine cases of cancer.

In some cases an operation is impossible from the location of the growth; and, often enough, in the vagina and rectum particularly, you will find no tumor, but a simple deposit diffused throughout the tissue and breaking down rapidly into ulceration.

I prefer the galvanic battery to the knife for the removal of growths which I suspect to be cancerous, but, whether you use the knife or the battery, operate in healthy tissue.

The most painful experience I ever undergo is to be called to a hopeless case, one in which the time for operation has gone by and nothing but agony remains. I believe that in these cases it is well enough to try any treatment the whim of the patient may suggest, but always to give morphine in sufficient doses to render the pain tolerable until death occurs.

And now, in conclusion, I will give you very briefly some of the best methods of dealing with the worst tumors, and as I have mentioned the galvanic treatment of cancers it may be well enough to consider some other tumors to which it may be applied with advantage. We may use the galvanic battery for electrolysis or as a cautery. I prefer the electrolytic action in most cases, and in a case of malignant tumor it is better, if the location of the growth permits, to raise up the tumor from the subjacent tissues and transfix the flesh at the base of the growth with needles that are not insulated, connecting them with the negative pole. The needles from the positive pole are inserted into the body of the tumor and the full current of the battery established. It is better to use at least 32 cells, but if your battery contains 100 cells turn it on in full force for 10 or 15 minutes. The pain is intense, and the patient should be fully under the influence of chloroform. The result of this will probably be a sloughing away of the whole mass or else, after the inflammation subsides, a rapid atrophy of the part. The action of the battery, used in this way, is cauterizing as well as electrolytic. If the galvano-cautery is used I still prefer needles to the wire-loop, and I prefer to make a number of punctures with the white-hot needle so that the base of the growth remains transfixed with sinuses made by these needles. Each sinus or fistula becomes in a short time a cicatrix which contracts and destroys the vitality of the part more or less completely.

In what other growths may we use this method of treatment? Never in fatty tumors, nor bony growths, nor collections of pus. But in all cysts with homogeneous contents. For instance, some cysts, such as the "housemaid's knee," contain little solid particles like rice grains with a large proportion of perfectly fluid matter. Such tumors are not the kind to select for electrolysis, they require an evacuation of their contents and an injection of iodine. Other cysts, like the ganglion, monocystic ovarian tumor, etc., whose contents are fluid or semi-fluid, and of uniform consistency, these are treated with more certainty and less risk by electrolysis than by any other method. But it is only in the malignant growths that you should use such a powerful action as I have described. In non-malignant growths the needles should be insulated and introduced directly into the tumor so that the non-insulated points are free within the cavity. To the other pole, either one will do, the sponge electrode may be attached and used externally upon the tumor. You will not need so many cells as I have indicated for cancers, for it is better not to develop any cauterizing action. In this manner I have cured ganglions with only six cells, hydroceles with eight or ten, but you will generally find from sixteen to twenty cells covering the average of power required, except in ovarian cysts where the size of the growth demands an increased power of about 32 cells.

An interesting question often arises as to the effect of remedies upon organic growths, and for an able argument upon "The Uselessness of Drugs in the Treatment of Organic Growths," I refer you to an article by Dr. Alfred Meadows in the "Practitioner" of November, 1869. The position assumed by this author is one which formerly I should have agreed with, but subsequent experience and what I believe to be a maturer judgment have brought me to a different conclusion. I know that in many cases Arsenic will retard the growth of cancerous tumors. I know that the Muriate of Ammonia will also, in a fair proportion of cases, produce an atrophy of fibro-cystic growths and, in some cases, cause their entire disappearance. I know that sometimes a properly selected homœopathic remedy will cure tumors which have no natural tendency to resolution. This knowledge has, in my case, been forced upon me by experiences which upset all my preconceived notions, and is not the result of the medical enthusiasm to which some physicians are so liable. I cannot, therefore, accept the conclusions of Dr. Meadows, although his experience may warrant his opinion just as my experience gives the opposite result.

You are already familiar with all that pertains to the removal of tumors by the ordinary methods, and I call your attention now to Professor Dittel's elastic ligature in the removal of tumors, and to the use of Dieulafoy's Aspirator in strangulated hernia.

I have used Dittel's ligature with good results, but no better than I have obtained with the non-elastic cord. It has, however, one manifest advantage, it enables us to remove larger growths than were ever before subjected to the ligature. Thus we may remove an entire breast very rapidly, without hemorrhage, and therefore with much greater safety than by other methods. It produces less injury to the surrounding tissues than the ecraseur and leaves a cleaner wound. The method of use is very simple, consisting in tying a fine rubber cord under strong tension around the base of the growth, using needles if necessary, to prevent it from slipping. By taking advantage of the fact that the rubber cord cuts through the tissues, not in a straight line but in the direction of the least resistance, the elastic ligature may be made to excavate cavities, cut oval flaps, in fact, it has already been used instead of the knife in an amputation of the thigh.

Finally, a few words about the use of the aspirator in strangulated hernia. If the taxis fails to reduce the hernia, try the aspirator on it, using the smallest needle ($\frac{1}{2}$ a millemeter in diameter). You will thus evacuate the tumor of its contents, and instead of a tumor there will be an empty bag which may easily be slipped back into the abdominal cavity, provided there are no adhesions which prevent its return. This is one use of the instrument, and perfectly safe. Another use is in cases where the hernia is strangulated, where adhesions prevent its reduction and an operation is necessary, but where you wish to delay the operation a few hours. Now it is a dangerous thing to delay the operation, because mortification may supervene very rapidly. But the mortification comes from pressure, and by evacuating the distended tumor you take off the pressure and there will be no danger of mortification until the tumor refills, when it may be again evacuated. The limit of delay in these cases I would place at twelve or fifteen hours—a sufficient time to procure instruments and have the advantage of daylight for the operation.

Actual Cautery.—Dr. Curdin, in the *Medical Times*, says that cautery, to be painless, should be done with an iron heated to *white heat.* If a red-hot iron only is employed, the pain is intense. He suggests, to obtain the white heat, a large spirit blow-pipe.

Incomplete Luxation of the Elbow outwards.

This case occurred in the wards of Dr. Dénucé, at the Hôpital St. André, of Bordeaux, and is recorded in the *Bordeaux Medical* of February 2d. The luxation had taken place in a fall on the hands. On examination, the forearm was seen to have been entirely carried outwards; the sigmoid cavity of the cubitus had not abandoned the lower end of the humerus, but, taking an outward direction, it embraced the condyle instead of the trochlea. As to the radius, it had followed, under the influence of the shock, the same direction as the cubitus, but it had been carried upwards and forwards by the contraction, or simply the tonicity of the pronator muscles, and it had taken a situation in front of the condyle of the humerus, where it was distinctly to be felt rolling under the fingers when movements of pronation or supination were communicated to the forearm. The diagnosis was quite clear, and the only possible mistake was that of confounding the case with one of luxation outwards and backwards; but the position of the olecranon at its usual height, the absence of the lower extremity of the humerus in the articular fold of the skin, and the obvious position of the sigmoid cavity embracing the condyles of the humerus, excluded such a hypothesis. Reduction was performed seventeen hours after the accident in the following manner: The patient was seated on a chair; extension was effected by two assistants on the hand and lower end of the patient's forearm whilst counter-extension was made on the stump of the shoulder. A folded handkerchief was passed around the lower portion of the arm, so as to pull the humerus backwards and outwards. Counter-extension and extension being in operation, flexion was suddenly performed, and a cracking noise was heard as the articular extremities resumed their normal position. The use of compressing bands, resolving compresses, and passive exercise, soon removed all traces of swelling and ecchymosis, and the patient recovered the entire use of his arm.

A correspondent of the *Practical Farmer* advises the use of celery as a cure for nervousness, and avers he has known cases where a cure of palpitation of the heart had been effected by a plentiful use of this delicious salad.

DOES DYNAMIC ELECTRICITY CURE ACCORDING TO THE LAW OF SIMILARS?

BY JOHN BUTLER, M. D.,
Electro-therapeutist to Brooklyn Hom. Hospital Dispensary, formerly visiting physician to Newport Infirmary, Monmouthshire, England.

NERVES, MOTOR AND SENSORY.

[*Continued from page* 198.]

HAVING disposed of the therapeutical effects of the currents on diseases of the skin and subjacent tissues, we will now proceed to consider their curative effects on diseased states of the

BRAIN AND CERVICAL SYMPATHETIC.

If we refer for a moment to the pathogenesis of the galvanic current in this region—p. 182—we will see there are two distinct actions—one set of symptoms occurring synchronous with the duration of the current, and another set supervening some time after the transmission has been discontinued. For convenience' sake we will call them *primary* and *secondary* symptoms.

After a careful examination, it will be observed that these primary and secondary symptoms are for the most part the direct antipodes of each other from a pathological point of view. The curative effects, as far as my experience goes, are only verified in diseased conditions in which these secondary symptoms are characteristic. The three following cases are illustrative :

T. C. W., æt. 40 ; a stout, firm-built man. Came to me October 16th, with the following symptoms :

Persistent *insomnia*, inability to think, or collect his ideas, stammered, or got the wrong word first in a sentence, could not find words to express what he meant, *ringing in the ears, conjunctiva suffused, retina hyperæmic, dull pain in occiput, pulse* 100, *temperature high*, but not observed by the thermometer.

I galvanized cervical sympathetic (both sides) and head, using only four Smee elements, for about five minutes.

October 17th—Slept better last night ; reports himself feeling much better. Conjunctiva not so much injected, pulse 94, other objective symptoms not perceptibly altered. Ordered perfect rest. No treatment.

October 18th—Not so well, conjunctiva more suffused, dull pain in occipital region, with slight nausea. Galvanized sympathetic and head, as before, using same strength of current.

19th—Much better, all the symptoms improved, ringing in the ears ceased. Continued treatment every other day until November 7th, when I dismissed him cured.

J. C. B., æt. 30 ; bookkeeper ; nervous temperament ; was sent to me November 16th, to be prescribed for.

Symptoms.—Obstinate insomnia, which he said he suffered from for the past six weeks, not sleeping on an average over one hour a night during that time ; had been under the care of a well-known homœopathic physician of this city, for two or three weeks, without experiencing any improvement. His eyeballs were *hyperæmic*, his appearance maniacal ; spoke excitedly and rapidly, *pulse* 104, complained of no pain, not addicted to the use of any intoxicating drink, could not attribute his sufferings to any cause.

Galvanized sympathetic and head, as in the case of T. C. W., using *four* Smee cells for five or six minutes.

17th—Better. Slept four or five hours last night. Repeated galvanism, using *ten* elements.

18th—Very much worse ; no sleep last night, very much excited, conjunctiva blood-shot, pain in head, as if encircled by a band of iron ; throbbing in temples ; pulse 120 ; temperature very high. Evidently aggravation from using too strong a current. Prescribed gelsem every two hours, as an antidote.

19th—Slept two hours last night ; headache better ; eyes not so hyperæmic ; pulse 90 ; not so excited in manner. Continue gelsem.

20th—Not so well ; galvanized head and sympathetic as before, using *six* elements for four minutes.

21st—*Aggravation as before*—slept none last night ; other symptoms increased, but much better than when I saw him in the first instance. Would not submit to further treatment. Went to a distinguished allopath in New York, who kept him under the influence of bromide of potash for over three months, under which treatment he improved. Lost sight of patient about that time, so cannot record the final result.

I mention this case to show how easy it is to produce an aggravation by the use of too strong a current.* This is the most severe case of aggravation I have seen.

* Dr. Hammond, of New York, uses fifteen Smee cells, but at the same time gives bromide of potash in large doses, which undoubtedly prevents the secondary effects of the current. *See* "*Diseases of Nervous System*," *Hammond*, page 55.

May 3d—E. V., æt. 34, presented the following symptoms: Face pale, waxy, and cadaverous looking; nose *congested* and blue, pulse sluggish and compressible, speech thick and indistinct; had been addicted to drinking, which habit he had relinquished some weeks previous to date. Complained of *dizziness, headache*, uncertain and *unrefreshing sleep*, drowsiness after awaking in the morning. Without going into details, which most likely would only be tedious to the reader, suffice it to say that I used the same treatment as in the previous case; immediate improvement took place, and after the third treatment, the dizziness and headache entirely disappeared, the other symptoms rapidly following.

In acute conjunctivitis the relief given by galvanization of the sympathetic is truly remarkable; however, in this disease a tolerably strong current is borne.

In morbus Bassedowii (the symptoms of which correspond with those produced by galvanization of sympathetic), Dusch,* Neftel,† and others report favorable results.

There is a form of sick-headache not completely covered either by sanguinaria or sepia, but in which both are partially indicated, that may be speedily relieved by galvanization of the sympathetic. It has produced brilliant effects in my hands in cases of several years' standing.

Althaus,‡ Hammond,§ Beard,‖ and Rockwell extol this mode of treatment in epilepsy; my own experience is decidedly in its favor, provided the symptoms are characteristic of the pathogenesis of the current; not otherwise.

The use of the faradic current on head and cervical sympathetic in my hands, has given nothing but negative results, except in some neuralgic affections to be again alluded to.

EARS.

It would give me great pleasure to record here many cases of otitis, otalgia, vertigo depending on disease of acoustic nerve, and other diseases of the ear treated both by galvanic and faradic currents, but as my space is necessarily limited, it is impossible to do so. However, for verification of my theory, cases reported by the following authorities may be referred to: "Galvano-therapeutics"—*Neftel*—pages 64 and 68; the works of Brenner, Du Bois, Reymond, and Remak.

EYES.

In asthenopia where *muscæ volitantes*, *neuralgic pains*, and *hyperæsthesia of retina*, are prominent symptoms, I am seldom disappointed in galvanism as a complete restorative, whether applied directly through the eye itself or through the cervical sympathetic. The same may be said of retinitis.*

There are several cases of amaurosis† on record said to have been cured by galvanism. Duchenne reports a case caused accidentally by galvanic current.‡ Conjunctivitis, before alluded to, yields better to galvanization of sympathetic.

Except in cases of neuralgia, where the pain is acute, darting and lancinating, or in paralysis of muscles of eye, the faradic current is seldom needed in this region.

NOSE.

Chronic nasal catarrh with anosmia, even when complicated with ozœna, is capable of being cured by the galvanic current.

Mrs. H. æt. 33, lymphatic temperament. Nasal catarrh of six years' standing, *secretion profuse* and greenish, ethmoid bones denuded, no resonance to voice, follicular inflammation of pharynx, with thick viscid secretion, breath extremely offensive, complete *loss of taste and smell.*

Treated by galvanic current by means of a douche; negative pole being applied to seat of disease, positive to some indifferent point. Treatment repeated twice a week. At the end of six weeks taste and smell were fully restored; and at the end of four months the disease was entirely removed.

Miss S. æt. 18—strumous habit. Nasal and eustachian catarrh for two years. Secretion profuse and yellow. No ulceration could be discovered; partial deafness; loss of smell; fetor of breath. Cured in five months; treatment twice a week.

In acute catarrh the faradic current gives rapid relief, especially in cases where darting pains extend into the frontal sinuses, with a sense of stuffiness and fullness of head, a mild current applied for about fifteen minutes is the best treatment.

* "Lehrbuch des Herzkrankheiten," page 362.
† "Galvano-therapeutics," page 125.
‡ "Medical Electricity," page 125.
§ "Diseases of the Nervous System," page 585.
‖ "Medical and Surgical Electricity," page 467.

* Case of retinitis caused by lightning. *London Med. Gazette*, Vol. II. page 58.
† "Galvano-therapie"—*Remak*—page 460.
‡ "Localized Electrization," page 17.

MOUTH, TONGUE, TEETH, &c.

It has many times occurred to me that galvanization of the salivary glands and mouth, would be the appropriate treatment of, and quite homœopathic to the profuse salivation occurring during pregnancy, which is so unamenable to ordinary remedies. However that is all I can say on the subject—having no personal experience to offer.

The character of the pain gives the indication which current to use in odontalgia. See PATHOGENESIS, third symptom, page 182. Loss of taste is often removed by galvanization of gustatory nerve. I must ascribe the cure of this symptom, in the case of Mrs. H. above related, to the unavoidable action of the current on this nerve; as in using the galvanic douche, all the adjacent parts were of course included in the circuit.

PNEUMOGASTRIC NERVE.

As we have already seen, faradization of the cervical sympathetic gives rise to no perceptible results: but it is otherwise with the pneumogastric, on which the action of both currents give us many valuable symptoms, as would be surmised when we take into consideration the important organs supplied by this nerve.

According to the pathogenesis, we would expect the galvanic current to prove curative in *asthma*, *angina pectoris*, *laryngismus stridulus*, *whooping cough*, &c. And the faradic current in *diabetes mellitus*, *gastralgia*, *angina pectoris*, &c.

The two following cases are reported by Neftel, which I copy in full:

"Mrs. C., aged 30, sent to me by Dr. Marion Sims, December 9, 1868. She has been affected with severe asthma from her childhood, and different kinds of treatment have been used without any benefit. Galvanization of the vagus (catelectrotonus) has immediately relieved her from an attack, and she remains still free from asthma, after having been treated fifteen times." (1873).

"Mr. J., aged 35, suffered from severe asthma, for which he had been treated by many excellent physicians. Dr. Elsberg sent him to me September 21, 1869, during an intense attack which had already lasted for a fortnight, entirely depriving him of sleep. After the first application of the galvanic current, by means of which I endeavored to produce a condition of anelectrotonus of the vagus, he slept very comfortably the whole night, and the paroxysm disappeared."

Now here it will be noticed that apparently the effects of the ascending and descending currents are identical, as far as the cure of the asthma is concerned at least. In the first case catelectrotonus was used and cured the patient; and in the second case anelectrotonus, and the disease was removed.

In angina pectoris I have given immediate and permanent relief, whether I have used the faradic or galvanic current, both currents seeming to act equally well.

Of laryngismus stridulus I have no experience to offer. Tobold reports a case cured by galvanization of larynx, which cure of course must be attributed to the action of the current on inferior laryngeal branch of pneumogastric.

I have had the happiest results with the faradic current in gastralgia. Beard and Rockwell* report unfavorably of it however and extol galvanization. Two cases of diabetes mellitus are reported by me in the June number of the MEDICAL UNION this year which contains all the information I can give on the subject.

The operations of either faradizing or galvanizing the pneumogastric are not ones to be lightly undertaken, as serious accidents and even fatal results† have occurred from careless or ignorant manipulation. In using the faradic current, only a slowly interrupted current should be used; commencing with the least intensity the machine is capable of producing, and gradually increasing to the point desired. The latter also applies to the galvanic current.

PHRENIC NERVES.

The only cases in which I have used electrization of the phrenic nerves homœopathically, was in one of obstinate hiccough, which was instantly relieved by faradization.

SPLANCHNIC NERVES.

In epilepsy, where the aura seems to arise from the pit of the stomach, with extreme pallor of countenance and other evidences of cerebral anæmia, galvanization of splanchnic nerves seems indicated and has seldom disappointed me, though I must say I have never entirely succeeded in curing a case, but every case has been decidedly benefited by the treatment.

*Med. and Surg. Electricity, page 363.
†Localized Electrization *Duchenne*, page 104.

I again quote from Neftel.*

"A. M., of New York, aged seven, after a severe diphtheria when one year old, was attacked with epilepsy. The paroxysms at first appeared but once a year, then every month and afterward quite frequently. Besides these great attacks, he had several times a day (occasionally eleven times) fits of petit mal.

"The parents had consulted physicians in this country and abroad, among them Brown-Sequard. This great physiologist and neuropathologist pointed out, as of great importance, the aura which invariably precedes the attack. The little patient always grasps with both hands at the *epigastric*† *region*, where he feels a sudden pain, accompanied by an unpleasant sensation in the head and *pallor of the face*, immediately after which the epileptic fit follows. Notwithstanding the different methods of treatment during six years, the epileptic attacks continued, and the child finally presented a considerable degree of idiocy, associated with general debility and anæmia.

"I began at once the galvanization of the splanchnic nerves twice a week, and it was followed by a marked beneficial effect. From the very first day, the child has not had a single attack of epilepsy, and the *petit mal*, which before the treatment occurred many times every day, appears about once a week, and so slightly that it is scarcely noticeable. For the last fortnight he has not had it at all. The general condition has undergone a most remarkable change. The child has a healthy appearance, his intellect is brighter, and his disposition, formerly extremely irritable and unmanageable, is now becoming quiet and orderly."

Most cases of cerebral anæmia are benefited by galvanization of the splanchnics, many commencing to improve after the first seance.

(*To be continued.*)

Phytolacca Decandra in Mastitis.

Dr. T. Custis Smith reports two cases of severe mastitis which were speedily relieved by fifteen-drop doses of this drug every four hours, the tincture at the same time being freely applied over the breast. In our school we have been equally successful with this drug in much smaller doses, although we have never experienced any benefit from it, in these cases, in the dilutions.

* Galvano-therapeutics, page 106.

† The italics are my own.

Conditions which give rise to Dysmenorrhœa.

Dr. Squarey, Assistant Physician to the Hospital for Women, enumerates the following as the most frequent conditions which give rise to that very common and often intractable disease, dysmenorrhœa :

1st. All inflammatory conditions of either the uterus or of the ovaries.

2d. That in the uterus, and perhaps in the Fallopian tubes as well (though of the latter very little is known), any conditions interfering with the patency of the canal, and so causing an obstruction to the flow of the menstrual discharge, will also cause this symptom.

The inflammatory conditions which may be the cause of dysmenorrhœa are : Of the ovaries : acute and chronic ovaritis. Of the uterus: acute and chronic parenchymatous inflammation of the uterus and Fallopian tubes ; acute and chronic catarrh of the uterine mucous membrane.

Under the second heading those conditions causing an obstruction to the flow of the discharge may be classed—

(*a*) All congenital strictures of the cervical canal situated either at the internal or external os, and associated or not with the condition known as "infantile uterus."

(*b*) An elongated condition of the vaginal part of the cervix, often associated with flexion of the canal about its middle—conical cervix.

(*c*) Flexions of the uterus causing constriction at the point of flexion.

(*d*) Fibroid growths in the uterine walls so situated as to compress or distort the cervical canal.

(*e*) Intra-uterine polypi, which may plug the orifice of the cervical canal.

And various other conditions ; but these are the chief.

But besides the cases which may be included under either the inflammatory or the obstructive forms, there is a certain number in which the pain is extremely severe, and to which, from the impossibility of discovering any other cause, we apply the term "neuralgia." In these the disease is most likely constitutional rather than local.

In Sweden a strong cloth is manufactured from hop stalks. The hop bud can be used as an esculent, and when boiled, serves as a substitute for asparagus. The young tendrils may be used in the same way.

PLACENTA PRÆVIA, WITH CASES AND REMARKS.*

BY WM. J. BANER, M. D.

Case I.—October 19, 1865, was called in the afternoon to Mrs. D. A. B., in great haste; found her pale, weak, almost fainting, terribly frightened, and still bleeding profusely. She had been taking her usual afternoon nap, and, on rising from her bed, relieved her bladder, and while still on the commode, and without the slightest pain, the blood gushed from her, and in a few moments she passed near a half gallon. She rang the bell for a servant, and, getting back to bed as soon as possible, sent for me. Her appearance, when I arrived, was appalling. I hastily made a digital examination *per vaginam*, as well as I could in the midst of the clots of blood, and was satisfied that I felt a small portion of the placenta hanging from the os tincæ, and from this point the blood was running in a stream. The os was not dilated. It was evident no time should be lost in stopping the bleeding; and as she had no pain whatever, and was only in her eighth month, I determined to tampon the vagina firmly, and then to give such styptics as occurred to me. Seeing a small sponge on the washstand in the room, I introduced that first, and pressed it firmly against the *os tincæ*, and then pressed firmly against the sponge such soft pieces of linen as I could get hold of, until the vagina was full. While this was being done a servant was sent to the nearest drug store for the *tinct. of cinnamon*, and on her return a strong solution of this drug was administered and kept up every half hour until indications of returning strength were apparent. She passed a comfortable night. In the morning I catheterized the bladder, and continued to do so whenever necessary.

On the 23d, I removed the tampon entirely, but in a little while found it necessary to restore it, as the bleeding again commenced.

It was not again disturbed, except in part, in order to relieve the bladder, until the morning of the 26th, when I was sent for with the information that Mrs. B. was in labor. I found she was having occasional pains, and being satisfied that the time was at hand, I determined to give a full dose of ergot, remove the tampon, and if there was bleeding, to separate the placenta from the uterus as far as possible, and in every way to hasten the expulsion of the fœtus and the placenta. Profuse bleeding followed the removal of the tampon, and with great difficulty I dilated the os externum, introduced my index finger beyond the internum, and carefully separated the placenta for perhaps an inch and a half. In the meantime the pains were increasing in frequency and force, and as they increased, and the head was forced against the uterine walls, the bleeding was stopped. In about an hour from the time the ergot was given the child was born. The placenta followed immediately. The uterus promptly contracted—probably urged to do so by the ergot. She made a slow but good recovery. The child died cyanotic on the seventh day. The placenta showed a point, dark and clotted, from which the blood had flowed.

Case II.—May 14, 1867, seventeen months after the above confinement, Mrs. B. sent for me again in haste. I found her in much the same state. She had, as before, relieved her bladder, and while still on the commode the blood rushed from her in large quantities. Her sister heard her cry for help, and assisting her to bed, sent for me. I found her, with blanched face, trembling with fright, and bleeding freely. An examination *per vaginam*, made in haste, did not reveal so plainly as before the point of placenta, but diagnosing the same trouble, resorted to the same measures, and in a couple of hours restored her to quiet and sleep. She was now in the middle of the seventh month. Nothing unusual occurred until the morning of June 7th, when I was sent for. I found her having inefficient pains, but being satisfied that further delay would be dangerous, determined upon practically the same measures as before. Gave a dose of *secale corn.* in tinct., removed the tampon, introduced my finger carefully, ruptured the membranes, and separated the placenta an inch and a half beyond the *os internum*. As before, labor rapidly increased; as it progressed the bleeding ceased, and in an hour the child was born, followed by the placenta. Her recovery was slow but good. An examination of the placenta showed a dark line of clotted coagulum, a half inch in width, from which the bleeding had occurred. The child died cyanotic in two months. Dr. John A. Ward was with me in consultation in this case.

Mrs. B. removed to New Jersey after the

* Read before Homœopathic Medical Society of the County of New York.

last confinement, and I lost sight of her; but was informed by a relative that in 1870—three years after the last confinement — she was again confined, and as nearly as I could gather from a layman's account of it, had a somewhat similar experience to the last. The child was still-born.

Case III.—June 20, 1870, was sent for to see Mrs. J. R., who, the messenger said, was dying; found her bleeding freely, very weak, face blanched, and in considerable pain. On making an examination, found the mouth somewhat dilated, and introducing my finger could distinctly detect the quaggy feel of the placenta, covering the entire uterine orifice, while the blood seemed to be pouring out from its torn surface. It was impossible to determine accurately the presentation, but the round, smooth aspect of the presenting portion, indicated that the vertex was offering. The presence of contractive pain, the advanced stage of gestation, the copious bleeding, and the exhausted condition of the patient, decided my course. First giving her a dose of *caulophyllin*, which I had with me, I introduced my finger carefully beyond the os internum, and to the distance of an inch, or inch and a half, separated the placenta from the uterine wall. The pains increased rapidly, but for some time before the placenta was forced through the mouth of the uterus, the bleeding ceased entirely. The placenta was first delivered, followed immediately by the head of the child. The mother got up well. The child was feeble for some months, but is now robust and sound.

These three cases — selected from seven which have occurred in my practice—cover all the varieties of this troublesome complication.

The first question which arises in connection with placenta prævia is: *Why is it that the placenta is occasionally developed on or around the cervix uteri?* A slight reflection on the law which governs the development of the placenta in its normal and safe positions, will be of use in answering this question. As the ovum descends through the Fallopian tube, and passes hence into the uterus, it is caught in the corrugated mucous membrane which lines that organ at or near the point of entrance, and from this position the development of the chorion commences, and if the uterine surface in apposition be healthy, so that the decidua vera is produced, we have the normal production of the placenta. But if, from disease of the fundal mucous membrane, or from want of vitality or vigor in this portion of the chorion, the placenta cannot be produced at this point, fœtal development requires and forces its production elsewhere—lateral, perhaps, or still worse, orificial. The great truth is that placentæ may be developed anywhere within the uterine cavity. Disease and debility in the decidua vera or chorion, are not the only causes of abnormal positional placental development. Prævial placental development occurs generally in the multiparæ, and who in former gestations had such abnormal uterine enlargements that the ovum in succeeding pregnancies was allowed to spread its attachments lower than the firmer and more contracted primiparæ will admit of. In one multipara dissected by Dr. Thrasher and myself some years ago, we found a thin placenta spread out over the whole uterine surface, covering completely the os uteri internum as well as the fundus and sides. The womb in this case seemed healthy. There are many facts confirmatory of this theory of prævial placental development, but this brief statement is sufficient to give us an idea of the causes of this complication.

The next question which arises for solution in these cases is: *What is the cause of the bleeding—often fatal, and always dangerous—in placenta prævia?* All will agree that the direct and apparent cause is the separation of that portion of the placenta which is developed in or around the cervix, thereby laying open the mouths of the vessels which here crowd the uterine surface. But what causes this separation? and why should not a placenta implanted around the cervix uteri be as free from separation and dangerous hemorrhage as one implanted in the usual place at the fundus? An examination of the impregnated uterus shows a marked development of its muscular coat. This muscular coat is disposed in three layers—external, middle and internal. It is with the *external* and *internal* planes of fiber that we have now chiefly to deal. The first commence at the center of the fundus and pass down in a somewhat longitudinal, curving direction to the inferior third of the organ, where they terminate and aid in forming the round ligaments. Other fibers again are distributed to the Fallopian tubes and the ligaments of the ovary. The *internal* fibers are entirely different. These fibers are circular, and are

situated at the superior angles of the uterus. They describe concentric circles, and are at first very small and close, but gradually separate, so that the last and largest border upon the median line, and spread out in the direction of its length. The fibers of the *inferior segment* of the uterus are of one order, the semi-circular. They commence at the median line of this region and re-unite on the sides near the round ligaments.

It will be seen from this anatomy of the uterus that it does not differ materially from the other hollow organs of the human body. It has its longitudinal fibers on its exterior, while the circular and horizontal fibers are interior. The fundus uteri is the part of the organ more especially concerned in the expulsion of the contents of the womb, and it is here that we especially find the muscular apparatus the most effectively developed : and it is so arranged, as to the direction of its fibers, that whenever contraction occurs the whole force of it tends toward the center of the organ, and to the consequent diminution of its caliber. At the lower segment, around and above the os internum, and through the cervix, the fibers are a combination of the circular and horizontal, thus forming a sort of annular sphincter, similar in many respects to the sphincter of the bladder.

This brief description of the anatomy of the muscular coat of the womb is only a statement of the practical points in the tissue. Some French and German anatomists find the fibers much more complicate as to the directions they assume *post mortem*, but as bearing upon the mechanism of labor, we may assume the substantial accuracy of the facts here stated.

Physiologically, the uterus is endowed with two distinct qualities of contractility—one may be called organic contractility—the contractility of the organ as a whole ; the other, the contractility of the tissues which compose this organ, acting by virtue of a vital endowment belonging to each tissue, and especially the blood-vessels, nerves and muscular coat.

From this brief anatomical and physiological foundation we may now proceed to answer the question as to the cause of the bleeding in placenta prævia. We will see that the causes are twofold—those which spring from the development of the fœtus in utero—say at or after the seventh and before the ninth month of fœtal life ; and those which spring from the normal contractions of the uterus at full term. We will state these two causes at more length :

I. During the process of fœtal life the gradual enlargement of the fœtus *in utero* is first shown by an increase in the size of the fundus and body of the uterus, but in the last months the cervix participates in the enlargement of the uterine cavity—the internal orifice is dilated—the cervical canal becomes funnel-shaped with its broader opening upward, and finally shortened. This process of absorbing the cervix uteri, caused by the development of the fœtus, tears the uterine wall from the outer placental surface, when the placenta is implanted there, and thus leaves, for the time, the congested vessels of the uterine surface open, and the bleeding follows of course.

II. When, from favorable circumstances, either in the position of the placenta, or in the character of the lining membrane of the womb, the bleeding does not occur until the end of gestation, or even when it does occur, we have the second cause at work. The normal contractions of the womb, at the commencement of labor, now do the work. The cervix is entirely absorbed, and finally the *os internum* commences to expand—the placenta is separated, and from the uterine surface thus exposed the blood flows like a torrent.

These are the two efficient causes of hemorrhage in these forms of placental development; and while slight modifications may sometimes seem evident, yet a careful examination will throw us back upon one or the other of these causes.

The *treatment* of placenta prævia is of two kinds, surgical and medical, and depends upon the special history and symptoms of each case. If the patient is in the seventh month of gestation, or earlier, and the bleeding is copious, the *tampon* is the first resort, and this must be well applied. Some soft material, linen or muslin, may be torn into small pieces, and from these the vagina must be packed firmly full, and held in place by properly adjusted straps of soft cloth. When this mechanical measure has been attended to, such internal measures as the symptoms may suggest may be given. One of the hæmostatics should be preferred. I have found, in my recent experience, *Trillin* very efficient.

These will be the general features of the proceedings instituted in a case of ante-partem hemorrhage at the seventh month. We watch and wait from this point—the main points of

the treatment being temporizing—until we have decided indications of labor, when the entire attention of the physician will be brought into requisition. Of course he will first remove the tampon, and after giving such uterine stimulants as he has the most faith in—*caulophyllin* serves me well—he will proceed to the most difficult therapeutic procedure in the case, but one, upon the correct performance of which, in my judgment, his success largely depends, viz., to the *partial separation of the placenta from the uterine wall*—carrying this proceeding to the extent of separating the placenta from one third of the uterine surface covered by it. This must be done with the index finger, and will be found full of difficulty. But patience and care will succeed, and in many cases the bleeding will have stopped before the separation has been completed. The vital property of the blood-vessels and nerves mentioned above, now shows itself; the vessels contract upon themselves, their open mouths are closed, and the bleeding ceases. We can now wait for the uterine contractions to expel the fœtus and placenta, watching sharply for any complications or irregularities which may arise, and meeting them promptly. Particularly important is it to look sharply for *post-partem* flooding. Our patient is already weak and exhausted, and can afford no more loss. The *Trillin* may be again indicated, even without flooding, to check excess of bleeding. Stimulants may be necessary in some cases, but should be discontinued at the first moment of safety.

This is an ordinary case of *placenta prævia*, and the measures here briefly indicated will in most cases prove successful. But occasionally we find that the hemorrhage does not cease with the partial detachment of the placenta here recommended. The womb may be so relaxed and flabby that not only does it not act as an organ, but it is weak and inefficient in every one of its tissues, and hence bleeding continues, and death to mother and child may speedily ensue. In this condition we must use every available means at our command to restore the contractile energy to the womb. If *Trillin*, *Secal. corn.*, stimulants, warmth applied to the surface, and firm rubbing the abdomen with the bare hand, all fail, we must try galvanism. This is an agent easily applied, and the strength of the current can be adjusted to the susceptibility of the patient. Its value in arousing uterine energy is now well settled, and it can be depended upon in such cases. As a last resort, the tampon must be re-introduced and kept there until the uterus shows signs of returning life and strength.

Test for Artificial Color in Red Wines.

Dissolve in a small quantity of the liquid a bit of potash. If no sediment forms, and if the wine assumes a greenish hue, it has not been artificially colored; if a violet sediment forms, the wine has been colored by elder or mulberries; if the sediment is red, it has been colored by beet-root or Pernambuco wood; if violet red, with logwood; if yellow, with Phytolacca berries; if violet blue, with puret berries, and if with pale violet, with sunflowers.

Instructions of Midwives in Hungary.

In 1872, the Hungarian Government instituted schools for midwives in Presburg and Grosswardein, and, having regard to the various languages and dialects spoken in the country, ordered that in the former place the instruction should be given in the German, Slavonian, and Hungarian languages, and at Grosswardein in the Hungarian and Roumanian. Dr. Ambro, professor of the Presburg school, has just published a text-book for midwives in the Slavonian language. A Vienna contemporary reports that the work contains some useful instruction for midwives, as to the conditions of labor which render it necessary for them to call in medical assistance, and in other respects defines clearly the limits of their sphere of labor. They are informed, *inter alia*, that the public medical service of Hungary is soon to be placed on a more satisfactory footing; and that none but intelligent women, able to read and write, will be allowed to practice midwifery.

Ischiatic Hernia.—The *Dublin Journal of Medical Science*, of September, contains an account of a case of this exceedingly rare accident, which in this instance occurred to a woman aged about forty, and was brought about by lifting. The intestine escaped from the great sacro-sciatic foramen of the right side, and the tumor, which was about the size of a fœtal head at term, extended across the left thigh below the gluteal fold, preventing the woman from sitting. Taxis reduced the size of the tumor somewhat, but its entire reduction was impossible.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

WOMEN AS PHYSICIANS.

THE past history of the New York Medical College for Women is one of which its friends may well be proud. To this more than to any other institution is due the honor of having maintained and demonstrated the ability of woman to occupy to the fullest extent the higher walks of professional life. Before the advent of woman to the medical profession she was shut out from any but the most menial occupations. It is true there were some who excelled in literature, some who were eminent in art, and some who were distinguished in science, but they were looked upon as exceptions to the general rule—their example proved nothing to those who would not be convinced, and the whole question of woman's ability was discussed in that spirit which adopts "Heads I win and tails you lose," as its motive and criterion.

We confess to a prejudice against that manifestation of strong mindedness which utterly discards the gentler attributes of womanhood and leaves us in doubt whether a beard and a pair of pantaloons are the peculiar property of the male sex, but the spirit which seeks to throw wide open every avenue which leads through competent knowledge to the pursuit of an honorable occupation and an honest living, will meet with a hearty approval and strong help from every one whose experience in life has taught them the practical wisdom of helping those who help themselves.

Every reasonable thing should be submitted to the test of experiment, and if the experiment succeeds, no honest man or woman can do otherwise than accept its results. The experiment of woman's medical education has so far succeeded that we are prepared to acknowledge and maintain that an entire class of students from this college are able to sustain a most thorough and exhaustive examination in every branch of medical science, and show as good an understanding of all the subjects and as high an average of attainment as the entire class of male students in any college in the country.

It is this appreciation of the fact of their competence and ability as physicians that has opened the doors of our medical societies to women and placed every professional honor and advantage within their reach. There is no longer any discussion as to the right and wrong of the thing; true knowledge itself is pure, but the uses we put it to depend upon our own purity. The virtue and modesty that is founded on no higher principle than ignorance rests on the most unstable of all foundations. One of the results of this experimental test has been to show that the study and practice of medicine, while it gives a better and more practical appreciation of life, never takes from woman those instincts which in every occupation make her gentle, modest, and refined.

To those who are engaged in the good work of establishing training-schools for women, where various occupations are systematically taught, we would say "God speed them in their work," it will bring a good result, but stop a moment and consider how their work compares with college work. Every one of these medical graduates is not only a self-supporter, but more than that, she exercises a wide-spread influence in behalf of women. She becomes at once a missionary in the cause, and her influence secures the active coöperation of many of the wealthy and intelligent classes, whose support is necessary for success. Where the training-schools send out a laborer, the college also sends a laborer, who is also a teacher, and one whose education and

work as a physician enables her to bring the most powerful influence to bear upon the opinions and actions of others, and therefore, while we believe that the medical education of women is an effective charity in ministering to the educational needs of woman, it is also full of the most practical results in leavening the whole mass of public opinion upon the question of woman's occupation.

Is this not a wise work, a practical work, a charitable work? And as such does it not deserve the active support of all true friends of woman?

MEDICAL ETHICS.

Dr. A. K. Gardner, in a recent number of the Utica *Observer*, discourses at some length, and with great force, upon Medical Ethics. The famous code of the American Medical Association receives a pretty thorough overhauling.

In his peculiar terse and pungent style he opens to the light the inflated conceit, the shams and hypocrisy of that class of the profession who profess to live up to the requirements of the Code of Ethics of the American Medical Association, and shows that the spirit of the code is daily violated in a round-about way.

The better class of men, those of real genius, who know how to do their work in a workmanlike manner, do not require the artificial support of the *code*, and find some way to evade any or all of its rules as may suit their convenience. After all, the *code* was only intended to clip the wings of aspiring genius and bolster up and support licensed mediocrity and stupidity. Occasionally, to gratify private spite or personal jealousy, some prominent man is caught in openly violating the provisions of the *code* (which they, in a hypocritical way, evade every day) and is brought to judgment. Does any one for a moment believe that the star-chamber proceedings which suspended Dr. Gardner from the Academy of Medicine, were really because he had consulted with a Homœopath, and that Homœopath his personal friend? Not a bit of it. Dr. Gardner had rendered himself obnoxious to a few envious souls because he cured his patients where they failed, because he was above their petty tricks and preferred to think and act like a man. Did any one accuse him of unscientific or unskillful treatment? Not one. There was not a member of that Academy who did not in his heart know that Dr. Gardner was infinitely his superior in every department of his specialty. He was sacrificed simply to gratify private pique and professional jealousy. Shortly after this affair, Dr. Holcomb came forward and declared that he, too, had consulted with Homœopaths, and would do it whenever he chose, and dared them to do their worst. But the taste of this virtuous society for blood had suddenly become satiated. It was no longer the roaring lion, but the sick kitten, and a mighty sick one it was, too.

We congratulate our Allopathic friends in having a "code of ethics" to bolster them up; some of them sorely need all the help they can get from it. It is a very nice thing to have handy to spring upon a man you envy, hate, or fear. Honest men, however, would be a little ashamed to use even this weapon in exactly this way.

It is rather a curious illustration of the way business is done in this august Academy, that, when Dr. Gardner was suspended, no previous notice was given of the contemplated action of the Academy, and that out of a membership of between two and three hundred only twenty-seven were present. Dr. Gardner never pretended to be a Homœopath, but he had rendered himself obnoxious to a few little envious minds, and hence their spasmodic virtue and reverence of the code.

Since the organization of the Academy but three members have passed through the fiery ordeal of its discipline and received its censure. The first—Valentine Mott; perhaps some of the younger members of the profession have heard of him as a somewhat distinguished surgeon. The second—Marion Sims; and he, too, is not entirely unknown at the present day. Third—A. K. Gardner; once prominently before the public as author, teacher, and suc-

cessful physician, and perhaps now, notwithstanding the Academy, not entirely obliterated from the public mind.

To us, standing on the outside of the ring, the antics of our Allopathic friends in their support of the code and of regular medicine are exceedingly amusing. We are forcibly reminded, in their pronunciamentos, of the old fishwoman in the time of Napoleon, who, with arms a-kimbo and face flaming with passion, poured her indignation into the ears of a prominent officer, and concluded with the perfectly awful threat, "Tell the Emperor, I don't think much of him." Lifting his hat with all the grace of a Frenchman, he replied, "I will, madam, if you insist upon it; but you have no idea how badly it will make him feel."

The Academy of Medicine, not one in a hundred of whom were ever heard of outside of their own immediate circle, disciplining Valentine Mott, Marion Sims, and A. K. Gardner! Could impudence, egotism, and self-assurance have a more fitting illustration?

AN APPEAL TO THE PUBLIC FOR THE WOMAN'S HOSPITAL.

The present hospital was an outgrowth of the Woman's College, and both, the putting into form and shape of the earnest conviction that females should be cordially welcomed in the ranks by the medical profession, and that hospitals should be dedicated especially and exclusively to the treatment of female diseases. The delicacy of the female organization and the peculiar nature of her diseases, renders the setting apart not of wards merely but of entire institutions for her benefit almost a necessity.

The immediate want of an institution of this kind was manifest from the fact that no sooner were its doors opened than the demands for admission to its few beds were more than could be accommodated. It was sad to be so often compelled to deny the urgent appeal for relief through lack of room, and so the institution was enlarged and facilities for work greatly increased. But even the most ample accommodations which could be obtained in the old building were soon too small for the rapidly-increasing demands for admission, as the fame of the institution,—the relief obtained, the operations successfully performed,—spread from one to another, and so another step was taken in the purchase of this building as a nucleus of the future hospital which at no distant day is to cover all these eight lots of ground, in the center of which the present building now stands. There is room here now for the administrative working of the hospital and for twenty-five or thirty beds. But this building is only to be temporary, for, judging from past experience, it will soon have to give way for more ample accommodations, as the crowds of sick from all parts of the city and country turn their faces hither for relief.

This property in its present condition has cost $125,000, of which $35,000 have been paid, leaving a debt of $90,000. Eleven thousand dollars remain in the bank to be used as circumstances may require. Aside from this amount, $5,000 are pledged for charity endowment beds. This, then, is the condition of the institution: a building capable of accommodating twenty-five patients, eight lots of ground, admirably located, a debt of $90,000, $11,000 for working expenses, and $5,000 toward the charity endowment fund.

We propose, the coming winter, not only to wipe out this debt, but to lay the foundation of a fund for future use when it shall be necessary to erect on these grounds hospital buildings which shall be thoroughly adapted to their use, and exceed in beauty and completeness of detail any hospital in the world. Then, with the hospital, the training-school for nurses, the college, and the dispensary for women and children, all in full operation, we shall have an institution of which we may well be proud, and worthy the metropolitan city of the western world.

To accomplish this result a thorough missionary work must be carefully organized and energetically carried out. The hospitals and churches which have grown up in our midst and are all around us, and the steady stream of charity which is pouring out its ceaseless tide from New York to aid humanity everywhere, shows that we have only to touch the popular heart to draw forth a ready response, and in no other way can the great heart of the community be so directly and easily reached as in the establishment of a hospital for women, because in no other country in the world are her wants and needs so thoroughly appreciated, or her influence for good so fully recognized.

The funds for your hospital are ready and waiting. All that is necessary to gather them in is an organization to carry the wants of this institution to every charitable heart in the city, and point out the ways and means by which it can be benefited. Some may be able to contribute but little, and that not in money, but, in every house there are books and works of art, and materials which by busy fingers and willing hearts can be worked into objects of beauty and use, and in a thousand workshops and stores all through the city can be gathered in abundance articles which, brought together in a grand bazar, will command a ready sale. So each one can contribute a mite, however small, to the general fund, each according to their means.

When it is known that $300 will support a bed for a year, and that $3,000 gives the donor a bed in perpetuity, may we not expect that church organizations and the wealthy in private life will gladly avail themselves of the privilege of doing such an immense amount of good with a small outlay of money?

What more beautiful thank-offering could there be than providing for one of these beds, for the husband and father, as he looks upon his wife and child, passed in safety through perils which often end in death? What more beautiful bridal present could a parent or lover make to the young bride, as she stands on the shining threshold of her new life, than the power to draw down upon her own head those blessings which make the heart glad, and brighten all her future life by making it warm and sunny with the consciousness of doing her Master's work?

To bring the wants of the institution most directly before the public, two organizations are required.

First. *A Ladies' Aid Society*, in which shall be actively engaged every lady who sympathizes with the objects of the institution, and is willing to contribute even a small amount to further its plans.

Second. An advisory or co-operative board, composed of the Medical and Surgical staff and such gentlemen whose influence and advice will most contribute to the advancement of the cause. In this way plans can be organized through which every charitable heart in the city can be reached.

A winter of earnest work, in which the thousands who would consider it a privilege to do something if their thoughts were only directed into the proper channel, shall have ample opportunity, would wipe out the debt of this institution and enable it to increase its facilities for its great work.

"The Fashionable Narcotic."

The London *Sanitary Record* has the following: "Chloral hydrate is the now fashionable hypnotic, the means by which balmy sleep, nature's sweet restorer, is wooed. But the brief flourish of trumpets which announced its discovery has given way to a well-established and justly-founded outcry against its abuse, and the evils which attach to its employment. More dangerous than opium, more baneful than alcohol, an utterly destructive agent, except in certain active sleepless conditions, when it should be given by medical men alone, chloral hydrate is working much irremediable mischief in our midst. Shortly after bromide of potassium was ushered into notoriety a plentiful crop of cases appeared in the medical journals, telling of the consequences of its abuse, either when continued too long after being medically prescribed or self-administered. The evil consequences of the habitual use, or rather abuse, of chloral hydrate are becoming much more vividly apparent. Its destructive action on the nerve centers, its production of a permanent condition of brain bloodlessness, and consequent imperfect function of the brain cells, are being widely recognized; and it is now established beyond all question of doubt, that the adoption of chloral hydrate as an hypnotic in lieu of opium is the adoption of a greater evil than the one it has replaced. That chloral, though it may be, and is, eminently useful as a hypnotic in certain cases, in its habitual or occasional use is a destructive poison, carrying with it most baneful consequences, is generally admitted, and its widespread use as a soporific is fraught with mischievous results. The highest authorities, English and American, are now decrying its use, especially in cases of sleeplessness, associated with depression or 'low spirits,' with mental worry, and with brain distress. Those who unfortunately have been induced to make resort to chloral a practice, have need to watch themselves carefully, and note quickly any changes they may feel, and eschew the poison as speedily as may be on the first appearance of any morbid effects."

College Openings.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

A LARGE number of students, and ladies and gentlemen, friends of the college, assembled in the large lecture room, Tuesday afternoon, Oct. 5, to participate in the opening exercises of the winter session. Dr. Dowling, the Dean, in a few well-chosen and pertinent remarks, referred to the increased facilities of the college for thorough work, combining not only the didactic teaching of able instructors, but clinical teaching, for which the dispensaries and hospitals furnished such abundant materials, and which form an important feature in the curriculum of study.

Dr. Dowling concluded his remarks by introducing to the audience Dr. Egbert Guernsey, who then came forward and delivered the following

INTRODUCTORY ADDRESS.

Whatever relates to the physical, the moral, or intellectual condition of man, comes directly within the province of the physician. As man is the highest form of creation in this world, for whose development and welfare all else is subservient, and to which all else tends, so that science which has to deal with man's growth, with his physical, moral, and intellectual development, with his life here, and, hinged upon it and growing out of it, his life hereafter, comprehends all sciences, and gathers within its focus the rays of light from every field of research, from every domain of nature.

Progress is of slow growth, ever advancing, step by step, in accordance with the wants of nature, and the growing necessities arising from the improved condition, the higher development of man. Each step we take forward is for the good of the human race. Towards this all our thoughts, and all our researches are directed, for this we search out the secrets of nature, for this we study its harmonious workings, that we may make our own lives more happy, more harmonious, more in unison with the Divine law of order, ever advancing towards the regeneration of the human race, towards its grander and more perfect development, until, freed from its discordant elements, it moves in harmony with the Divine mind from which it sprung.

This progress is of necessity slow and often tedious. Nature seems at times to yield her secrets unwillingly, but one avenue of investigation opens after another, one thought follows another, and year by year, the grand mechanism of the world is slowly unfolded, and its secrets brought before us, as our wants require them, and as we can understand and appreciate them.

In the early history of the race, when man lived in the open air and slept upon the ground, with no roof above him but the sky, the branches of the trees, or some rude covering he had thrown together, there was no use for the architect's skill. His garments, prepared from the skins of beasts, or made from vegetable fibre, so abundant around him, gave him but little trouble in their preparation. His food, obtained from the animals he killed in the hunt, from the fruits which were all around him, required but little care to render them fit for his use.

The arts and refinements of cookery were not necessary to his condition. But as he gradually began to congregate in cities, and in large towns, there became a necessity for houses constructed according to proper systems of ventilation, for sewerage to carry off the refuse matter, and thus slowly is built up, from his necessities, a sanitary science. The soil, worn out under constant cultivation, requires to be enriched, and the refuse matter carried out from the cities, is found to feed it, and produce vegetation, and here chemistry with its beautiful combinations and its simple analysis, comes into action.

Born of the wants of the people, it keeps pace with those wants, until we learn not only the analysis of soils, but of rocks, and of water, and of air ; combining elements as they are gathered from the great storehouse of nature into materials of beauty and of use. Everywhere imitating the processes of nature, man copies on a small scale in his laboratory, in his retorts and crucibles, from the great laboratory of nature. As he combines atom with atom, as he watches the progress of growth and decay, as he analyzes the rock, and picks out some element from it, and combines it with some other element he has obtained from the soil, from the air, or from the water, he begins to learn the uses of elements, and how they are combined with various forms and materials through nature, and so slowly grows up a knowledge of the earth's structure, of its soils, of its rocks, and its mountains, and its seas. He finds how the minerals washed out from the mountains, heaved up from below, disintegrated and broken into atoms by the action of heat, and of light, and of air, and of those subtle forces of nature of which he has no knowledge, are scattered through the soil to be taken up by vegetation, which, as his food, is to build up his own physical structure, the phosphates hardening into bones, or forming brain and nerves for the soul to speak through, the iron to a certain extent vitalizing the blood, and giving strength to the structure. Then comes up the inquiry, how are these things of use, how are they taken up from the vegetable world, and how are they absorbed into the human system, and changed into bone, and nerve, and tissue. And so the human system is explored to get at its secrets, and slowly grows up the science of human and vegetable physiology. The knife lays bare the delicate tissues, acids and alkalies dissolve them, but the minute filaments of nerves, the delicate structure of blood-vessels, the formation and growth of cells are, some of them, so small as to be beyond the power of his unassisted vision. What is to be done now? Have we reached the end, standing just on the verge of discovery, when the secret seems almost within our grasp, only to be driven back into the coldness and darkness of uncertainty. No ! there is no going back, but ever onward and upward,

and here stands the little microscope to disclose with its wonderful powers, the secrets which we have sought in vain. We learn now not only the structure of delicate tissues, we see not only the formation of blood, and nerve and bone cells, and watch the little nuclei, the first small germ, through its various processes of growth, upward through its successive stages, but we detect the minute particles of matter floating in the air, these small germs, pregnant with life, caught up by the winds from a thousand different sources, and scattered broadcast, taken up, some of them, in the air we breathe and implanted in the system, developing there disease and perhaps death. We gather the little pollen from the air, which at certain seasons of the year are thrown out from the blossoming flowers, and are borne hither and thither by the winds, and find that when individuals with certain constitutions are exposed to them, the result is hay-asthma or fever. The microscope enables us not only to see these vegetable mites, but to define the species to which they belong, and the place of their growth.

But there are agents too subtle even for the skill of the chemist or the power of the microscope to detect, and yet they may be so powerful as to carry with them healing, or perhaps suffering and death. Have we, at last, reached the limits of investigation, and does nature, with its inexorable law, say—thus far, but no farther. No! We pass a beam of light through a triangular piece of glass—a prism, and we see a beautiful image, brilliant with all the colors of the rainbow. This is the spectrum, this is the ladder on whose shining rounds we mount, step by step, through the sea of ether which fills all space, until we stand on the borders of the most distant worlds and weigh them in the balance and analyze their structure. And, oh ! what a world of beauty and of grandeur breaks upon us. We see through its means, in the solar system, a living picture of the entire history of a single planet.

From the solar fire-mists corresponding to the early history of our own earth to ring-girt Saturn, from Saturn to storm-beaten Jupiter, over which is now raging those storms such as our own earth experienced in its forming stage—from Jupiter to the sunny summer-time of our own planet—from earth to autumn-browned Mars, and from Mars to the wintry silence and desolation of the gulches of the moon, a cinder from which all life has gone out, and we see in these successive steps, from world to world, what the earth and even our sun must at some future time become.

The constitution and appearance of the spectrum depend upon the nature of the substance emitting the light. The appearance presented by these colored images are so characteristic, that to every substance when luminous in a gaseous form there corresponds a peculiar spectrum which belongs only to that particular substance. It is easy to see now when the *spectra* of different substances have been determined they can be read off in future investigations like the clicks of a telegraphic machine.

Spectrum analysis, you perceive, has a distinct work of its own to perform. It analyzes bodies into their constituent parts, not as the chemist, with retorts and reagents and precipitates, but by means of the spectra, which those agents give in a state of luminosity. It does not, like chemistry, decompose and combine bodies, but it reconnoiters an unknown country, and signals the presence of any substance brought beneath its scrutiny. So delicate is the process of investigation that, when the balance and the microscope and the tests of the chemist fail, it unerringly detects the substance. If a pound of common salt is divided into five hundred thousand equal parts, the weight of one of these particles is called a millegramme. The skill of the chemist enables him to determine the weight of such a particle, but in doing this he reaches nearly the limit of his power in detecting by chemical means the presence of sodium, the chief element in common salt. But, if that little particle, so small that we call it a millegramme, be subdivided into three millionths of parts, we have a particle so minute, that all power of discovering it fails, and yet this infinitesimal quantity is recognized with certainty by the spectroscope, the line of yellow light, the characteristic of sodium, flashing out clear and distinct. You can easily see of what immense use the spectroscope is, especially that very beautiful combination of it with the microscope called the micro-spectroscope, in investigating substances which have a special importance in physiology and pathology, in examining normal and diseased blood, in detecting albumen in urine, and in ascertaining the rate at which certain substances pass into the various fluids of the system as well as investigating supposed cases of poisoning. We detect easily by the characteristic *absorption bands* in certain liquids, such as wine, beer, etc., the presence of any adulteration.

Recently, typhoid fever broke out in a certain locality of a peculiar and malignant character, and raged with great violence. There seemed to be no atmospheric cause for it, as the surrounding country was remarkably healthy. It was evident the cause was local, and probably came from a shallow well which supplied the people with water, for both cooking and drink. The water was analyzed, but chemistry failed to detect the presence of the poison. Now comes the spectroscope with its more delicate tests, and the question is not only solved, but the source of the poison proved. Two grammes of lithium salt were introduced into a urinal not far from the well, and in two hours it was detected by means of the spectroscope in the well water, and all this was done by analyzing a ray of light, in which a small portion of water was made luminous. In the spectroscope we have caught a ray of light which has flowed down to us from the sun through the viewless universe of ether, from the pale, cold moon, which, pulseless and dead, sweeps on its tireless way through the heavens, from the far off stars twinkling with diamond brightness through the night, and as it passed through the prism it is broken up into those beautiful colored *spectra* which tell us of the structure of those distant worlds.

What is this light, pure and white as it reaches our outer eyes, yet, broken up into its separate parts, brilliant with the hues of the rainbow — revealing the structure of distant worlds, telling of their growth or decay as it pulsates in ceaseless waves through the universe

of ether—almost unlocking to our eager gaze the inner courts of God? To you who believe in the soul of things—in the life within the life—in the tremendous power of those subtle forces which are back of all mere external matter—which combines atom with atom, and brings to our senses the harmony of sound, the beauty of color, clothes the earth with vegetation, spreads out the seas, and rears the mountains, and builds up worlds—this is in the direct field of your investigation, for it not only reveals to you many of the causes of disease, but even knocks at the gates of life itself.

Light is not a separate substance, but only the vibration of a substance, which, according to its various forms of motion, generates light, heat, or electricity.

The whole universe is an illimitable sea of highly-attenuated matter, imperceptible to the senses, in which the heavenly bodies move with scarcely any impediment. This fluid, which is called *ether*, fills the whole of space, not only the intervals between the heavenly bodies, but the pores or interstices between the atoms of a substance. The smallest particle of this subtle matter is in constant vibrating motion. When this motion is communicated to the retina, it produces—if the impression on the nerves is sufficiently strong—a sensation which we call light. Every substance, therefore, which sets the *ether* in powerful vibration is luminous; strong vibrations are perceived as intense light, and weak vibrations as faint light.

Descending a step from the ether which fills all space to the grosser and more material atmospheric air, we find here in the denser medium vibrations produce sound. Thus the very faint glimpse we have into the arcana of light gives an insight into the philosophy of heat and of sound, of electricity and of atmospheric currents. And thus we are brought step by step through one avenue after another, through one line of thought and investigation after another, until we stand upon the threshold of the laws of life and the causes of disease.

And as we stand here trembling on the threshold we catch glimpses—but oh, how glorious!—of that far off future when the sons of men, regenerate, the waves of guilty passion hushed, shall in reality be the sons of God, and gaze with undimmed eyes upon His unfolding glories!

The Son of God, when he walked the earth, had no holier title than *The great Physician.* Do we ever realize how grand is our profession; how immense its powers for good; that it is the focus which concentrates the rays of light from all sciences and from all fields of investigation?

It is not through one man alone, or one man in each century, that these great truths are evolved; but each toiler in the great workshop, guided, perhaps, by a leading mind, brings his experience, his best thoughts, to blend with the common work, and be crystallized by the harmonious union of atoms in the Divine law of order into the solid and enduring form.

Some few years ago, in his quiet room in the National Observatory at Washington, Commodore Gilles devised a plan, by means of which each sailor who traversed the domain of ocean, spread out over so large a portion of our globe, might be an observer in the great world of science, recording each day in the year, and almost each hour in the day, in every place where the ship went on every sea, and in every latitude and longitude, the course of the winds, the condition of the sky, the character of the storms, and the range of thermometer and barometer. This plan, enlarged and carried out by Lieut. Maury, has given us the wind and storm charts, with which every captain is provided before leaving port. No longer now entirely at the mercy of the wild storms, he can pick out his course with tolerable certainty, sailing along the outskirts of the tempest, and availing himself of favoring winds to waft him into port.

Pushing forward the same class of observations on land, places in the hands of the Central Bureau at Washington, from a thousand signal stations all over the continent, a knowledge of the course and strength of winds, the character and progress of storms, and enables it to predict with tolerable certainty,—which is spread out before us every morning,—the probable condition of the atmosphere in every locality through this immense area, over which electricity, on its pathway of steel, annihilates time in bringing its messages.

In thus being placed immediately in contact with every part of our continent, we can form a better idea of the influence of mountain ranges, of hills, of plains and inland seas, in forming and changing atmospheric currents, in the development and progress of storms, the growth of vegetation, and the perfection of its fruits.

The mountain ranges and the hills, the vast plains and the valleys, the rivers and lakes, seem no longer upheavals by the wild and unguided play of internal forces, or thrown at random over the face of the earth, but placed there in obedience to a law of order to perform their work in the great economy of nature.

The internal seas are great reservoirs, from which the thirsty air gathers up the moisture which—carried by the wind over the surrounding country—gives life to vegetation. The mountains, uplifting their heads high in the heavens, regulate to a certain extent the character of the winds and the precipitation of moisture, while from their sides are washed and borne along by a thousand mountain streams the minerals which are to enrich the soil and promote vegetation.

And thus we see how one avenue of investigation opens after another, until the whole range of nature seems linked together in an endless chain of harmony, each a part of the great whole, each with some mission to perform, however small.

Back of all and through all, by whatever name it is called, lives and moves one Master All-controlling Mind, guiding and directing all. It is not the telescope of the astronomer, nor the microscope of the naturalist, which sees the glories of the heavens, nor even the physical eye of man himself, but the spiritual power which lies beyond them all—that life which is to live in eternal youth, in endless progress and growth, when worlds have grown old or have changed their forms, carrying with it the impulses and the impressions given it here.

Do you realize this great fact, you who are to plant in the minds of these young men, the

coming winter, seeds which are to grow up and bear fruit not only in time but in the far-off eternities? Priests in Nature's great temple, irradiated by its pure and holy light, God help you to perform your duty nobly and well.

And you, young men, standing on the threshold of your great profession, remember that profession holds within its grasp the sum of all sciences, and reaches out its eager hands into every avenue and domain of nature. Its grandest triumphs are only to be won by earnest hearts and unremitting, self-denying labor. Approach it as the priest approaches the altar of his God—with reverence, with an earnest heart, with an unselfish spirit, and with that broad charity which so well becomes us all.

At the conclusion of Dr. Guernsey's address, a few pleasant remarks were made by different members of the faculty.

Among the additions and changes in the faculty, we notice Dr. O'Connor, from Washington, takes the place made vacant by the resignation of Dr. Avery in the Chair of Chemistry. Report speaks in high terms of his skill as a chemist and ability as a lecturer.

Dr. St. Clair Smith comes to the aid of the Professor of Materia Medica, as adjunct to that Chair. Dr. William N. Guernsey lectures on diseases of children, with clinics.

Dr. Guernsey's connection with the Western Homœopathic Dispensary and the Home for the Friendless will enable him to illustrate his lectures with an abundance of clinical materials, so that the various stages of each disease and the treatment in this most important branch of our art will be brought distinctly before the students in the living subject.

NEW YORK MEDICAL COLLEGE FOR WOMEN.

The opening exercises of this institution were given in the spacious lecture-room of the hospital, corner of Thirty-eighth street and Lexington avenue, Tuesday evening, October 13. Short addresses were made by Drs. Avery, Carmichael and Lilienthal, after which the introductory lecture was given by Dr. John C. Miner. He spoke of the early history of the college and hospital, the work it had accomplished, and how it was pushed on from one step to another by the wants and demands of the public. The change of their location was a positive necessity, for they had already outgrown the limits, which at first were deemed ample, of their old building. Hence the purchase of this building and these grounds. The address, which entered at length into the details of the work which had been accomplished and which it was hoped would be accomplished in future by college, hospital, dispensary, and training-school for nurses, was listened to with marked attention by the large audience, and received with enthusiastic applause. Many of the facts given in the address have been incorporated into the appeal to the public, issued by the Medical and Surgical staff of the hospital, and given on another page of the Union.

Translations.

[From Foreign Journals for the Medical Union.]

THE CURABILITY OF CONSUMPTION.

FROM MASSINI'S WORK.

(*Deutsches Archiv für Klin. Med.* 1873.)

As to the relative frequency of simple cheesy inflammation of the lungs, and miliary tuberculosis, Massini gives the following statistics. According to Buhl (*Zeitschr. f. ration. Med.*, 1856), in 277 autopsies there were 49 cases of pulmonary consumption, and among these, 23 were those of miliary tuberculosis, 8 of acute infiltration, and 18 of chronic phthisis. In 21 of the 23 cases of tuberculosis, cheesy masses which were not encapsuled were found, from which, in all probability, the general infection with tubercles had arisen.

Slaviansky (Virchow's *Archiv Bd.*, 44) found in 139 cases of consumption cheesy pneumonia of different varieties 123 times, and tubercles in 16 cases. Thus 88.6 per cent. were those of simple phthisis, and 11.4 per cent. of tuberculosis. Of the 16 cases of tuberculosis, 12 were coincident with chronic pneumonia, and 4 without it. In 14 instances tubercles were found in other organs, and only twice were the deposits restricted to the lungs. . . In 128 autopsies of phthisis, which were made from January, 1867, to the end of June, 1870, in the hospital at Basel, 82 were those of cheesy processes without tubercular deposits, and 27 of simple cheesy inflammation alone; 55 cases where intestinal ulcerations were coincident, and in 17, ulceration of the larynx were demonstrable. Miliary tubercles were found in 46 cases; these were coincident with recent cheesy inflammation in 37 instances; four times with old cheesy cicatrices at the apex of the lungs, three times with cheesy bronchial glands, and twice only were small cheesy masses found in the body.

The relative proportion is 64.1 per cent. of cases of simple consumption, and 35.9 per cent. of miliary tuberculosis. In total, two-thirds of the fatal cases are those of uncomplicated cheesy inflammation, and one-third of tuberculosis.

The question whether miliary tuberculosis is curable, Massini answers by saying "that the small nodules, in case they do not further develop *in infinitum*, may undergo fatty degeneration and become absorbed," and this view is supported by the observations of Rokitansky and Virchow; and the inoculation experiments of Empis render it altogether probable that animals having tuberculosis nodules often entirely recover. Yet a cure of miliary tuberculosis may be regarded as of seldom occurrence, and therefore the question is difficult to answer, as we know of no unmistakable signs of the outbreak of miliary tubercles.

The prognosis is very different in cheesy inflammation of the lungs--the virtually uncomplicated pulmonary consumption.

The following figures show what an enormous percentage of deaths arise from consumption :

In a mortality of 1,000, phthisis was the assigned cause of death,

In Basel.....	1870	162 times,
London.....	1859	125 "
Strasburg.....	1868	130 "
Paris.....	1865	163 "
Berlin.....	1850–55	145 "
Bordeaux.....	1858–60	140 "
Frankfurt.....	1868	141 "
Brussels	1868	186.9 "
Vienna.	1869	243.3 "

In Basel, 32 per cent. in 1869, 27.9 per cent. in 1870, and 23 per cent. in 1871, of the deaths among adults arose from phthisis. Nevertheless, the question of the curability of consumption, according to Massini, may be answered in the affirmative.

Laennec, who by confounding phthisis and tuberculosis, contributed much towards the general prevalence of the theory that consumption is incurable, yet acknowledged the frequency of the appearance of cicatrices at the apices of the lungs—the undeceivable signs that ulcerative processes had been healed by the formation of cicatricial tissue.

Cruveilhier, and many other French pathological anatomists, affirmed that it was very rare in the dissection of lungs of adults, and especially of the aged, not to find traces of the healing of "tubercles," as they called it, in the apices of the lungs.

Rogée found in 100 autopsies of aged women at the Hospice de la Salpetrière, in Paris, who had died from other diseases than tuberculosis, cheesy or chalky hardenings in 51 instances, and Bean affirms that in 100 women in the same hospital no less than 57 had cicatrices in the apices of the lungs. . . Finally, Massini says, that it is not improbable that drinking the milk of cows diseased with the murrain may develop in man cheesy degenerations and tuberculosis, a supposition which has a basis upon its development in calves, sheep, pigs, and rabbits, when fed with the milk of murrain cows.

From the preceding statistics it may be indisputably inferred that not only chronic inflammatory but also "chronic destructive" diseases of the lungs may be cured, either by the formation of cicatricial tissue—as in every ulcer upon the exterior of the body—or by the condensation of the pus and cheesy degeneration, which often leads to chalky formations. These cheesy or chalky deposits, as also the not infrequent remaining cavities, become encapsuled by the formation of a wall of pigmented connective tissue.

Massini, in speaking of the ætiology of phthisis, affirms that neither consumption nor tuberculosis is hereditary, although the tendency of inflammatory products to undergo cheesy degeneration is undoubtedly transmissible. In 88 cases of chronic cheesy pneumonia Aufrecht found 20 which were hereditary, and in the hospital at Basel, in 49 cases, 19 were such. Scrofula, "which is nothing more than an increased vulnerability of the tissue," often acts as a predisposing cause of phthisis and tuberculosis, as also chronic purulent inflammation of the lymphatic glands may be the direct predisposition of miliary tuberculosis. In a similar manner, long-continued suppurations, especially of the bones, caries, and necrosis, are predisposing to tuberculosis. In 2,106 cases of caries and necrosis, 1,143 were consumptive, and most frequently after caries of the shoulder joint, viz., 77.7 per cent., and next in frequency the breast bone, the collar bone, the ribs, the elbow and ankle joints, the knee joint and the spinal column. Phthisis and tuberculosis are not differentiated here, yet real miliary tubercles were seldom found. Suppurations and cheesy inflammations of other organs, as the bladder and genital organs and

the serous membranes, often induce phthisis. Severe diseases, as diabetes, Bright's disease, syphilis and typhoid fever, often predispose an outbreak of consumption, especially the latter disease, which in consequence of the accompanying inflammatory processes in the lungs often leads to their cheesy degeneration. The absorption of the detritus of the intestinal ulcers in typhoid also appears to be of influence in the development of pulmonary phthisis; and in 375 protocols of phthisis Massini found eleven times consumption mentioned as immediately following such ulcerations.

Reviews of Books.

Bibliotheca Diabolica; being a choice selection of the most valuable books relating to the Devil, comprising the most important works on the Devil, Satan, Demons, Hell, Magic, Witchcraft, Sorcery, Divination, Superstitions, Angels, Ghosts, etc.

We have in this catalogue, chronologically arranged, the works of over five hundred authors, extending from 1324 to 1874. The most important works on the above subjects, in the language in which they were published, have been gathered with great care, and are for sale by Scribner, Welford & Armstrong, 654 Broadway.

Mr. Kernot has timed his catalogue with his usual wisdom, as probably at no time would his treasures be so much sought after as at the present, when the city is crowded with the clergy in attendance upon the triennial convention. We have no doubt but what his shelves will be speedily emptied of their contents, and contribute very much to the edification of our clerical friends, and through them the public.

Cause of Cerebro-Spinal Meningitis.

Dr. B. W. Richardson believes this disease is not malarial, but produced by eating the ergot of wheat in the wheaten flour, the effects of which are more lasting than the ergot of rye.

The section of country bordering on Staunton River, Virginia, is said to be covered with frogs, which destroy the millions of chinch bugs infesting the fields bordering that river.

Gleanings.

Diagnosis of Blood Stains.

Dr. Richardson, working with 1–25 immersion lens (giving an amplification of 1,250 diameters), has been uniformly successful in discriminating between the blood of man, the ox, and the sheep. The stains were broken up into fine dust with a sharp knife, placed upon slides, and covered with a film of thin glass. A few drops of the ordinary one per cent. solution of common salt were then introduced at one margin of the cover, and removed from the opposite edge, as they penetrated thither, by a slip of blotting paper, thus washing away the coloring matter from the tiny masses of dried clot. When these particles were nearly discolorized, a drop of aniline solution was allowed to flow in beneath the cover, and after remaining about half a minute, was in its turn washed away, and its place supplied by a weak salt solution. Examined under the high power, and ten consecutive corpuscles from each stain being measured with a cobweb micrometer, the following results were obtained:

In the first specimen the mean size of the ten corpuscles was 1–3407 inch in diameter; in the second specimen, 1–4694 inch; in the third specimen, 1–5828 inch. From these measurements he rightly concluded that the first specimen was human blood, the second ox blood, and the third sheep's blood.

Action of Quinine.

In an able analysis of the various forms of malarial fever, Mr. See believes that quinine cannot be regarded as a specific or counter poison, as it does not prevent malarial poisoning when taken as a prophylactic; it does not prevent a recurrence after a variable period; and it is useless in some of the most fatal forms where the fever tends to assume a continued type. He believes that the effect of quinine in ague is due to its threefold action, exerted chiefly during the period of rigor; by its action on the heart it diminishes its frequency and force; on the peripheral arteries it lowers their tension and produces dilation; on the spinal cord and vasomotor centers, acting as a sedative, it tends to diminish their excitability; and lastly, it exerts a direct cooling action on the system generally.

Obituary.

Prof. Jeffries Wyman, of Harvard College, died of consumption Sept. 27th, aged sixty years. A course of lectures delivered before the Lowell Institute, Boston, was published under the title of "Twelve Lectures on Comparative Physiology." His other published articles consist of various articles on comparative anatomy, physiology, and embryology, in the *American Journal of Science*, the *Smithsonian Contributions to Knowledge*, the *Boston Journal of Natural History*, and the proceedings of the Boston Society of Natural History.

Surgeon-General George S. Benson, of the British forces in India, died at Simla, June 7th, aged sixty years.

Dr. E. R. Grant, F. R. S., Professor of Comparative Anatomy and Zoology in University College, London, died August 23d.

EDWARD C. ANSTIE, M. D.

The premature and almost sudden death of Dr. Edward C. Anstie, on Saturday, the 12th of September last, in his house in Wimpole street, London, England, has occasioned general regret in the medical profession of this country, where he was well known by repute. The cause of Dr. Anstie's death was a prick of his middle finger by a needle, while making a *post-mortem* examination on the previous Tuesday. The school of the Patriotic Fund, at Wandsworth, has lately been visited by serious sickness, believed to be due to structural sanitary defects; Dr. Anstie had been called after many cases had terminated fatally and the disease seemed extending with alarming rapidity, to advise not only as to the treatment of the survivors, but also to investigate the cause of the sickness. To this investigation he devoted six hours on Sunday, and on the Tuesday following made the *post-mortem* in which he wounded his finger. He took the usual precautions against inoculation of the poison, and returned to his home. On the next day he complained of feeling unwell, but pursued his usual avocations. On Wednesday night he said he could not feel warm, and when a physician reached the house he found Dr. Anstie sitting before the fire, shivering with cold, though wrapped in an overcoat. He had great pain in his arm-pit, and a red blush of inflammation spread over his chest. On Thursday, he was unable to quit his bed. Mr. Carter, Dr. George Johnson, and Dr. Burdon-Sanderson consulted, and decided that he was in a very critical condition. His family, who were in the country, were sent for, but when they arrived on Friday, Dr. Anstie was delirious, and unable to recognize any one. On Saturday he died. The opinion of the medical gentlemen in attendance was concurrent that Dr. Anstie died of pleuro-pneumonia and diffuse cellulitis, caused by a poisoned wound of his middle finger, the immediate cause of death being the formation of a clot in the cavity of the heart. Dr. Anstie had worked very hard during the season, and his system was considerably debilitated. Dr. Anstie was well known both in this country and in Europe as the author of the works entitled "Stimulants and Narcotics," and "Neuralgia." He was also a member of the editorial staff of the *Lancet*, and a noted teacher of Materia Medica, upon which he was an esteemed authority, especially in regard to the therapeutic action of drugs.

Experiments on a Guillotined Subject. —At a recent meeting of the Société de Biologie, Dr. Onimus related the results of various experiments which he had performed on the body of a man who had just suffered death by the guillotine. He had been enabled, he said, by means of electricity, to show that the external intercostal muscles raised the ribs, while the internal ones lowered them. The former are inspirators, the latter expirators. Thus Hamberger's theory is confirmed. The long lateral peroneal lowers the internal border of the foot, and is slightly extensor and abductor, as Duchenne de Boulogne had already shown. The muscles of the face are the first to lose electro-muscular contractility, which the masseter, however, preserves for a long time. In the limbs the extensors lose their excitability before the flexors. The muscles which preserve this property in the most remarkable degree are those of the abdomen and trunk. Lastly, the form of muscular contraction presents peculiar variations of aspects as contractility diminishes. It must be remarked that the order according to which muscles lose their contractility is analogous with that presented by saturnine muscular paralysis.—*Gaz. Hebd. de Med. et de Chir.*, Jan. 24th.

Publisher's Department.

S. J. Albright, Publisher.

Office, 18 West 23d Street, New York.

The Time to Advertise.

As the season is about commencing, and purchases are being made for the winter, advertisers will find it to their interest to make their business known through the advertising pages of The Union. They should bear in mind the fact that The Union reaches a class of readers who purchase largely and liberally; and that in a journal which is preserved and frequently referred to, and in which but few advertisements are inserted, they are more likely to be observed and noted than if buried in the columns of a daily journal, which is merely scanned for the news, and then consigned to the waste basket or fire.

We publish entire the excellent address of Dr. Egbert Guernsey, delivered before the students of the New York Homœopathic Medical College, of this city, at the commencement of its winter session, on the sixth of the present month. We feel certain that the readers of The Union will thank us for its reproduction, and will regard the space occupied by it as devoted to a most excellent purpose. It will not only bear reading, but careful study and preservation.

The experiment of transferring the blood of a live lamb into the veins of a consumptive patient was successfully performed upon the person of Hermann Dubois at Fall River, Mass., on Friday. Every vein connected with the jugular vein of the animal was severed and securely tied by the physicians, so as to allow the blood free egress to the arm of the patient. A small glass tube, about two inches and a half long, slightly curved, was used for the operation, thus bringing the neck of the lamb in very close proximity to the patient's arm. The operation occupied one minute and thirty-three seconds, about six ounces of blood being transferred in that time. Mr. Dubois has been afflicted with consumption more than two years, and his friends thought it best to try the experiment as a last resort for relief. At last accounts the patient was doing well.

It requires fifty-five clerks to prepare and dispatch the registered letters daily passing through the New York Post-office.

Dr. Fillette of 324 Madison Avenue, calls the attention of the profession, in our advertising pages, to his special manner of treating disease. Dr. F. bears a high reputation as a proficient in his specialty.

The first installment of bronze and silver medals, struck by authority of Congress for the Centennial Commission, and protected by the Coinage laws, has been delivered to the Centennial Board of Finance. They are beautiful in design and execution.

The Charleston (S. C.) Board of Health announce that there have been only two cases of yellow fever in that city this season which have resulted fatally, and that owing to the lateness of the season and the precautions taken by the city authorities there is no apprehension of a spread of the malady.

According to a recent German authority it is placed beyond dispute that America was discovered by a party of Buddhist priests in the fifth century.

Traumatic Rupture of the Membranum Tympani.—In one of the last numbers of the *Wiener Med. Wochensch.* there is an interesting article on the above by the celebrated Vienna aurist, Dr. Politzer. He describes the origin of the lesion (generally a blow with the open hand on the ear); the character of the lesion—an oval opening, with bloody lips, seated rather below and behind, at equal distance from the hammer and cartilaginous ring; the disorders of hearing—which are more intense when the blow has produced contusion of the labyrinth, and especially when the shock has been transmitted to the terminal nerves. When air is blown into the ear, it produces a dull noise, whereas the sound is acute and whistling in cases of pathological perforation. Cicatrization generally takes place rapidly (in a few weeks), after which the lesion cannot be made out (even when there has been suppuration, which is rare); so that for a medico-legal inquiry the surgeon must be called in soon after the accident.—*Lancet.*

THE MEDICAL UNION.

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Original Articles.

DOES DYNAMIC ELECTRICITY CURE ACCORDING TO THE LAW OF SIMILARS?

BY JOHN BUTLER, M. D.,
Electro-therapeutist to Brooklyn Hom. Dispensary.

FOURTH PAPER.

[*Continued from page* 226.]

An electric current transmitted from mouth to anus influences not only the alimentary canal, but the spinal cord, the entire sympathetic system, medulla oblongata, and in fact the whole of the brain : consequently every nerve and muscle in the body must be secondarily affected by it, hence the symptoms of the proving (page 183) are readily explained.

There is one important disease in which the operation under consideration would, I am almost satisfied, prove eminently useful—I mean *Tetanus.* That precisely this method has been used in dealing with this condition, I am unaware, but both currents even when empirically used, have given relief, and some few cures are reported.

The following extract from Dr. Hamilton's "Clinical Electro-Therapeutics"* bears so strongly on the question *Does dynamic electricity cure according to the law of similars?* that I copy it in full : "*Tetanus.*—Notwithstanding the fact that galvanization of the cord produces spasms in the muscles receiving their nervous supply from the part irritated, Matteucci and Nobili found that, when frogs were tetanized with strychnia, a strong galvanic current passed through the cord would restore a normal condition.

Dr. Mendel, of Berlin, has treated a case of this disease successfully, and has reported it in the *Berliner Klinische Wochenschrift,* September 21, 1868. Dr. Mendel's first case was a child aged four years. The child was run over by a wagon on May 17, 1868, and the thumb was crushed. On the 31st of May trismus set in. Contraction of muscles of neck. No effect from opium. On June 12th slight fever, head drawn backward, cyanosis of the face, trismus well marked. Strong contractions of the muscles of the right arm and forearm, which cannot be controlled by manual force. Muscles of back in tetanic rigidity. Muscles of thigh moderately, muscles of calf strongly contracted. Increased reflex irritability. Catarrh of the right lung.

Galvanic treatment : Eight elements, anode to the outer surface of the right forearm, cathode over cervical vertebræ. Immediately upon the completion of the circuit, it was possible to move the hitherto rigid hand in all directions. A similar application was made to the lower extremities, the anode being placed directly on the muscles of the calf, which was not followed by benefit ; the anode, however, being placed on the anterior surface of the leg, immediately under the joint, all rigidity of the calf disappeared ; similar in both extremities. The trismus could not be relieved. By application of the electrodes to the side of the muscles of the neck, the rigidity of these, as of some of the muscles of the back, was diminished.

Examination on June 13th, revealed an improved suppleness of the muscles. *The induced current tried experimentally caused an aggravation of the symptoms ;** the constant current caused relaxation.

* Page 121.

* The Italics are my own.

"June 14. Defervescence; only slight tension in a few muscles. After two more sittings, there is (sic) on June 18th, only slight contractions of the fingers of the right hand; no more signs of tetanus—followed by complete recovery."

He reports another case similar to this, treated in the same manner, with a like result.

Now here are two cases of tetanus cured by a man probing around in the dark experimentally; without the slightest idea of where to use the current, why he used it, of the effect he expected to produce, or of the principle he was using it on. Therefore I think that we, with the star of Homœopathy to guide us, should be capable of doing at least as well. I have not the least hesitation in saying that I firmly believe, that a mild faradic current transmitted from mouth to anus in the above cases, would have accomplished a much more speedy cure, and that the aggravation produced, was entirely to be laid to the fact of using a current of too great tension.

URINARY ORGANS.

The proving on these organs is very meagre I admit, almost without a pathological indication.

Enuresis nocturna of children yields well to external faradization; the current being transmitted through the bladder, by placing one pole on the lumbo-sacral region, and the other above and on the pubis. I have treated many cases by this method with very gratifying results.

Irritable bladder, incontinence of urine, and paralysis of the bladder, may be successfully treated by means of internal galvanization. The bladder should be thoroughly emptied, and injected with water before introducing the electrode, as otherwise electrolysis of the urine will take place, which is often a matter of some moment.

The pain caused by the passage of a calculus through the ureter, may speedily be alleviated by faradization, to which it seems quite homœopathic.—(See Pathogenesis.)

SEXUAL ORGANS.

Neuralgia of the testicle is a disease completely under the control of electricity. Acute pain as if the testis was being torn from the cord, being the homœopathic indication for faradization, and burning pain through testis and cord for the galvanic current. This disease is the most easily aggravated of any we have to deal with, the greatest skill and delicacy being necessary in making the applications.

I have treated by galvanization many cases of chronic congestion of the uterus with hyperplasia of the organ, with and without œdema of the cervix, in all of which I had remarkable success.

Ulceration of the glands of uterine cervix yields to the galvanic current as it does to no other remedy.

Leucorrhœa with the characteristic symptoms given in the proving (page 184) is quite amenable to the galvanic and faradic currents, many cases being cured in a few weeks, that had previously been months and even years under medical treatment.

NERVES MOTOR AND SENSORY.

The curative action of the electric currents in neuralgia is too well known to need more than passing comment, and failures are generally attributable to want of discrimination in their pathogenetic effects, or to aggravation of the symptoms, by using too great tension. The homœopathic indication for the kind of current to use in peripheral neuralgia is principally the character of the pain. To recapitulate: A burning pain, as if molten metal was running along the course of the nerve with the points of Valleix well marked, will need the galvanic current. From three to ten small Daniels elements, according to the amount of resistance to be overcome, will be sufficient tension: and should the strength of current produce aggravation, a current from half the number of cells used, passed in the opposite direction, will prove an efficient antidote.

Tingling, acute, darting, lancinating pain, with numbness between the points of Valleix, seldom needs any remedy but a *mild* faradic current. The electrodes should be applied at the painful points, as much of the affected part of the nerve being included in the circuit as possible.

That neuralgia may be aggravated by the very current that, properly used, cures it, many authors admit (though I have no doubt that those authorities would hoot the idea of its being by any possible means homœopathic). For instance:

Dr. Anstie says: "The indiscriminate employment of the remedy can only be vexatious disappointment in a number of cases, and in

some, positive aggravation of the sufferings of the patient."*

Again, Beard and Rockwell † make the following assertion, viz.: "There is one difficulty in the treatment of neuralgia by electrization, and that is, that on account of the intensity of the pain, patients are sometimes unwilling to give the treatment a fair trial. This difficulty is further increased by the fact that during or after the first two or three applications, the pain may be *temporarily aggravated*, especially if the sittings have been long, or with currents of too great strength."

Duchenne also records this fact.‡ Many authorities dwell with more or less stress on this subject. It has often occurred to me, in seeing cases of neuralgia aggravated to an extreme degree, producing most excruciating agony to the unfortunate patient, whether the operator did not imagine at the time of the seance, that he was trying to fuse a diamond, instead of endeavoring to allay the pain of a suffering fellow-creature.

In peripheral paralysis electrization has earned its laurels, but to enter into the mode of treatment, pathology, etc., would require a volume; so, the only question I shall raise on the subject is, *How does it cure?*

Duchenne says: "It is indeed shown, both by clinical observation and experiment, neuro-paralytic hyperæmia is a morbid state, consecutive to lesions of the cerebro-spinal centres or nerve-trunks. §

"It is rational to conclude, that any agency which increases the neuro-paralytic hyperæmia would aggravate the pathological state. But this is precisely the opposite of what I have witnessed, when by the aid of faradization I have cured cases of atrophic paralysis, that have been brought to me in such a condition. Under the influence of the treatment, I have seen the color of the skin, and the nutrition of the paralyzed limbs return in a short time to their normal state; while at the same time, the paralysis underwent improvement. * * * * * Empirical observations very soon convinced me, at the beginning of my electro-therapeutic researches, that localized faradization, if applied to a muscle or nerve in too full a dose, or for too long a time, may increase or even produce paralysis or atrophy, instead of curing either."

These statements, coming from such a man as Duchenne, need no remark or comment. They explain themselves, and add the strongest kind of evidence to sustain my theory.

It was my intention when I commenced this paper to give a detailed description of the electrical instruments in common use, pointing out their defects (most of them are defective), and how these defects might be remedied; but having now monopolized so much of your valuable space which might be used to better advantage, I will reserve what I have to say on this subject to some future time.

* Practitioner, June 1873.
† Medical and Surgical Electricity, page 332.
‡ *Op. cit.*, p. 35.
§ *Op. cit.*, p. 155.

ERRATA.

In Dr. Butler's article, on page 223, the heading *Nerves, Motor and Sensory*, is a typographical error, and should be omitted.

CARBOLIC ACID IN CARBUNCLE.

To Dr. Eade, of Norwich, Eng. (says *Homœopathic World*), the profession are indebted for drawing attention to the efficacy of *Ac. Carbol.* in the treatment of carbuncle. Whatever may be the cause of this abnormal and painful growth, whether parasitic or not, it appears to be amenable to the antiseptic action of the acid.—But it has been observed that the acid has little or no influence on the unbroken skin; its efficacy is almost wholly limited to those parts with which it can be brought into actual contact. Hence, it must be inserted into the carbuncle through the characteristic openings, or through incisions, or by means of subcutaneous injections. The solution employed may be one part of acid to four or five of water or oil. Threads of lint soaked in the solution should be pushed with a probe into the openings, and a piece of lint, also soaked, laid over the carbuncle, and occasionally renewed. A subcutaneous injection around the edges of the carbuncle would probably prevent its extension.

Dr. Hall, of the United States Coast Survey, has, upon his return from an expedition to the Arctic regions through Behring's Straits, told the San Francisco Academy of Sciences of the sublimity of the scenery around Mount St. Elias. That mountain, he says, proves by accurate observation to be the highest in North America, its altitude being sixteen thousand feet. It is not a volcanic cone, as the geographies generally say, although there are volcanic vents on its sides.

INTERMITTENT FEVER IN CHILDREN.

BY W. N. GUERNSEY, M. D.,

Lecturer on Diseases of Children at the New York Homœopathic College.

During the past few months intermittent fever has been very prevalent in New York and its immediate vicinity. The disease has not generally manifested itself, however, with the distinct chills and high fever which customarily characterize it, but has been somewhat masked, and appeared, as the laity would say, as a "dumb ague." In nearly all of the cases the attacks were incomplete, as one or more of the stages were wanting, or only faintly perceptible, and frequently the miasm seemed to fall almost exclusively upon the nervous system, acting as a virulent poison, and producing great depression, neuralgia, and convulsions.

Children have been more frequently attacked than adults, and its course with them has been characterized by a marked deviation and obscureness of the symptoms, and a greater severity of the disease. Rarely appearing with the simple history of ordinary "chills and fever," it was generally insidious in its approach, producing a train of nervous symptoms, which might easily be mistaken for those arising from reflex irritation in the intestinal canal; or, it overwhelmed the little patient, and convulsions were the first noticeable symptom of the disease. As illustrative of its history, I will cite the following cases:

Case I.—Rosa R., aged ten months, was brought to me in the early summer, and the mother said that the child had suffered with frequent convulsions during the two or three previous days; that each one was general and violent in character, and followed by long and heavy stupor. Two months previously the child had suffered with a slight convulsion upon the eruption of the two lower incisors. As the upper ones were now appearing, and the gums somewhat swollen and inflamed, and as there was considerable gastro-intestinal irritation coincident, and as I could then discover no other cause for the convulsions, I attributed them to the process of dentition, and accordingly lanced the gums, and prescribed such medicine as is customary for these cases.

The next day there was a recurrence of the convulsions nevertheless, and I sought carefully for other causes. I learned that the convulsions occurred at nearly the same hour each day; yet the child had apparently neither chill, fever, nor perspiration. The patient was extremely anæmic, and had a waxen color, the abdomen was prominently swollen, the appetite poor, and the child exceedingly irritable, and seemed to be suffering from cachexia. I questioned the mother carefully as to her own condition, as she looked anæmic and in delicate health, but she denied being unwell. Nevertheless, I forbade her nursing the child, and before I left questioned other people in the house about her. I learned that the mother was suffering from intermittent fever, and she denied it, fearing that she might be compelled to take quinine, which had been prescribed for her in a previous attack by another physician. Thus the problem of the exciting cause of the convulsions was solved. The mother had suffered with chills and fever; overwork, nursing, and exposure to the inclemency of the weather had induced a relapse, and the child had probably imbibed the miasmatic poison in the mother's milk, and cachexia and periodical convulsions were the result. The convulsive attacks were ushered in by a remarkable paleness of the skin, slight blueness of the nails and lips, discoloration around the eyes, yawning and whimperings, which lasted but for a few minutes. Then ensued slight convulsive twitchings, which became general, until the entire body was convulsed, and were followed by long and heavy stupor. There was really neither cold, hot, or sweating stage, and the attack was of two or three hours' duration. The remedies appropriate for intermittent fever were given, and there were no further convulsions, the anæmia rapidly disappeared, and the child made a speedy convalescence.

Case II.—Mary F., aged seven years, came under my care, suffering with neuralgia of the bowels. She was weak and anæmic, and suffered every afternoon from what her mother supposed to be severe colic. Upon careful inquiry, I could not ascertain that she had become infected by the malaria except in her mother's house, an elegant mansion in the central part of the city. The treatment for malarial neuralgia was prescribed, but almost immediately afterwards the child took cold after a fatiguing railway ride, which developed distinct intermittent fever. The fever was soon broken, but the exhaustion was extreme, and tonics and change of air were advised, and the

little patient returned strong and well, and has not suffered any relapse.

Case III.—A little girl of four summers was brought to me a few mornings since, who was supposed to be suffering from helminthiasis. For a week or more her parents had noticed that she seemed flushed at intervals, that her appetite was poor, her strength failing, and her usually bright and sunny disposition had given way to extreme moroseness and irritability. I found her anæmic, her tongue coated, abdomen abnormally prominent, and pulse quick, weak, and feeble. Upon further inquiry, I learned that the fever was most noticeable in the afternoon, although there was no distinct periodicity, and neither chills nor profuse perspirations, and that there had been a few cases of intermittent fever where they had been spending the summer. The ordinary treatment for intermittent fever procured a speedy cure.

Case IV.—Two or three days since, I was called to see a little child suffering with high fever and severe frontal headache, which had come on quite suddenly an hour previously. The history showed that the child had been gradually losing appetite, strength and flesh, and although she had not suffered on previous days from any fever, yet she complained of great lassitude every afternoon. The treatment for intermittent fever was prescribed, and the child suffered from no further paroxysm of fever, and rapidly convalesced.

These cases are sufficient to illustrate the more common manifestation of intermittent fever in little children. Convulsions instead of, or with the hot stage are not infrequent, although by no means common, and at the commencement of the cold stage, as in Case I., are of rare occurrence. Generally, they take place in the second stage, when the vessels of the skin become turgid, the face flushed, the pulse hard and quick, and when the child cries aloud and there is great restlessness. As to the etiology of the convulsions, they may properly be classed as deuteropathic or sympathetic, as the eclamptic attacks do not apparently issue directly and primarily from the brain, but are reflected from or sympathetic with a diseased organ, or abnormal condition of the body. As in epilepsy, they probably arise from anæmia of the pons. In pneumonia, pleurisy and the exanthemata they frequently occur, and seem to be analogous to the chill of fever in adults. The chill is in consequence of a general spasm of the arteries, and the convulsions are dependent upon the anæmia induced by the spasm of the arteries of the brain.

We have seen that in none of these cases have the paroxysms occurred at the same hour with regular periodicity, although confined to a certain period of the day, usually the afternoon. According to Bohn, the time of the attacks is generally between midday and midnight, while in adults the paroxysms are most frequent in the latter half of the night and the early portion of the day. In each of these cases, also, we saw the quotidian type, the form most frequent in children, while in adults the tertian generally occurs. The cold stage is frequently wanting, or only of short duration, and generally but faintly indicated. When present, there is paleness of the skin, blueness of the nails, coldness of the lower extremities, sighing and crying, often vomiting, and great restlessness, twitching of the muscles, slight convulsions, or stupor. The shivering chills and goose-flesh are generally totally absent. The pulse is small and weak, and not greatly accelerated.

The hot stage is most prominent of all, has the longest duration, and is often the only manifestation of the disease. The pulse becomes full and rapid, the face deeply flushed, and the eyes brilliant. There is thirst, great restlessness and excitement, often hallucinations and delirium, and occasionally convulsions. The temperature generally ranges from 104° to 106.6°, at the commencement of the fever. Herpetic vesicles frequently appear upon the face after this stage. The sweating stage is but faintly marked and of short duration. The skin is pale and moist, but drops of sweat are very seldom seen upon it, and during sleep the perspiration is not unusually profuse.

During the intervals of fever the little patients are seldom well, but appear exhausted, and are pale, fretful, and restless. They rapidly become anæmic, and suffer from indigestion, and the malarial cachexia is speedily developed. The spleen becomes enlarged early in the disease, and forms a prominent diagnostic sign from the constancy of its occurrence. When cachexia is fully developed, the anæmia is extreme, the color of the skin is waxy white, and the mucous membranes look nearly bloodless, and emaciation rapidly develops. Enlargement of the liver, œdema, and symptoms of scorbutus now take place, the intestines are tympanitic with gas, the stools are diarrhœal, and in the last days of life mixed with blood.

As to the contagiousness of the disease from the mother to the child, there is yet some difference of opinion. Nearly all agree that the child may become infected during intra-uterine life, as many instances are recorded where the pregnant mother has felt unusual life during the paroxysm of fever, and the child has been born with an enlarged spleen, and sometimes suffers from attacks of the disease at the same period as the mother. There is no doubt, says Gerhardt, that the cause of the disease is transmitted through the placental walls, and it probably occurs during the paroxysm. Boudin, and others, assert that it may be transmitted through the milk from mother or wet-nurse to the child, although typhoid fever and syphilis which are marked contagious diseases, are not thus conveyed. This theory, however, is not accepted by all, although favorably mentioned by the majority of writers. The diagnosis of the lighter forms of the disease can often only be made by careful observation and close differentiation. The treatment is the same as in adults, and need not receive further mention.

Cancer of the Breast.

Prof. Willard Parker gives an interesting *résumé* of his experience with cancer of the breast. This extends over forty years, and includes 295 cases. He concludes that—

1. The disease is not hereditary, or if so, only in a very limited degree.

2. The disease begins as a local disease, positively and purely. It becomes constitutional just as syphilis begins as a local disease and becomes constitutional.

3. The disease occurs in those of vigorous health, instead of being connected with those conditions in which consumption occurs.

4. Cancerous parents may beget tuberculous offspring.

5. The moral constitution has a powerful influence on the development or the prevention of the development of cancer.

6. There is a great parallelism and analogy existing between cancer and syphilis. Both begin by local irritation. Syphilis is inoculable, but cancer is not. We have both secondary syphilis and secondary cancer.

The *Tribune* says New York is the medical center. We knew it was noted for a good deal of cutting up.

INTRA-UTERINE INJECTIONS OF FERRI MURIATIS TINCT. IN DANGEROUS CASES OF MENORRHAGIA.

BY CHARLES R. UPSON, M.D.

Occasionally we are called to cases of menorrhagia where all usual means of stopping the continual drainage of blood from the cavity of the uterus fail, and when nothing but the most heroic measures can save the patient's life. Then it is that we must have recourse to styptic injections into the uterine cavity, and we have only to consider *which* of the astringents can be injected with the least danger to the patient.

It is generally conceded that, under the most favorable conditions, the use of such injections is hazardous, and to be used *only* when all other means fail of stopping the flow.

The following cases, taken from my case-book, will illustrate the manner of treatment and the success attending it :—

Case I.—Called in great haste at midnight to see a woman said to be dying from an excessive menstrual flow. Found the patient—aged 30 — insensible ; pulse frequent, and scarcely perceptible ; surface of body bedewed with cold sweat. The bed was completely saturated, and the blood was flowing from the bed to the floor. On digital examination, found the os spongy and largely dilated, and immediately injected into the cavity of the uterus a little less than a drachm of a *sol.* of *ferri mur. tinct. et aquæ,* in the proportion of 1-10, and ordered Squibb's *ergot ext. fld. vgtt.* every two hours, with teaspoonful doses of brandy in the intervals, under which treatment she gradually regained consciousness. For quite a while she suffered with great prostration of muscular strength, dizziness, specks floating before the eyes, congestion of the brain, etc. But ultimately recovered her usual health. This patient afterwards informed me that for some days previous to her "period" she had experienced a sense of fullness and weight in the pelvic organs, which was entirely foreign to her usual condition at such times. Previous to this her period had usually lasted three days. It was on the third day of this menstrual period that the sudden and dangerous flow occurred. The succeeding period was perfectly normal. Since then I have lost sight of her, she having removed to another State.

Case II.—Lady, aged 25, mother of two

children. First menstruated at 12 years of age. Had always been more or less irregular; each period attended by pain; flow scanty. Shortly before the present attack had suffered a miscarriage, owing to a fall. Since which, she had flowed profusely, and which none of the usual homœopathic remedies seemed to check. Applied cold to the loins, vulva, and sacrum; used vaginal injections of *matico*, together with the administration of *tr. digitalis*, which afforded but transient relief. Had previously used *ergot ext. fld.* without benefit. She was rapidly becoming ensanguinated; face, lips, and surface of body blanched; entire prostration of muscular strength; syncope on the least exertion; congestion of the brain; mind wandering; pulse rapid, intermittent, and hardly perceptible; surface cold and moist; occasional cough, with accompanying gushes of blood. As a last resort made use of the injection *ferri mur. tr. et aquæ*, as stated in Case I., which stopped the flowing. Put her upon the *tr. ergot gtt.* xij. to ʒiv. of water, two teaspoonfuls every hour, with two-teaspoonful doses of a mixture of strong beef-tea and brandy in the interval. She suffered some from inflammation, which, however, readily responded to treatment. Her recovery was gradual but complete. She is now (with exception of a slight leucorrhœa) perfectly well. Her periods come now at regular intervals, last three or four days, and are accompanied by much less pain than formerly.

Case III.—Lady, aged 45, usually strong and healthy. The menses had, as she supposed, entirely ceased a year before, when, with no other warning than a slight dizziness, some nausea, and slight uterine pains, she commenced flowing so profusely as to render her entirely unconscious in a few minutes. Her friends, not finding the family physician, called me in, and placed the case in my hands. I examined the womb for polypi, or other cause for the flow, and not finding anything threw up an injection of *tr. mur. ferri* and water, which checked the flow. She was then put upon *tr. ergot* and stimulants, under which treatment she seemed to be doing well, until about midnight of the day following, when she again as suddenly began to flow profusely, and before aid could be summoned was dead.

The tincture of muriate of iron I consider the safest and most readily obtained of any of the astringents which can be used for the purpose of intra-uterine injection. That the greatest care in its use should be observed is evident to every physician, when he considers the anatomy of the uterus and its appendages, with their relation to the peritoneum. I always use the ordinary, long-necked rubber syringe, so gauged on the piston that I can readily use just the desired quantity of the solution without danger of forcing in air with it. Introduce the neck of the syringe only a short distance (not to exceed one quarter of an inch) beyond the os externum, and then taking care to use but little force in throwing in the solution.

EASTHAMPTON, Mass., Oct., 1874.

The Cell Theory and Blood Corpuscles.

DR. REDFORM, President of the Biological Section of the British Association, says: "The great cell theory has now given place to what I think is certain knowledge, that living matter may move, perform all the functions of assimilation and nutrition and reproduce its like without having any of the essential character of a cell. A living mass of protoplasm may change its shape, alter its position, feed and nourish itself, and form other matter having the same properties as it has, and yet be perfectly devoid of any structure recognizable by the highest powers of the microscope."

It is now a matter of observation which commenced with Wirt of Zittan, that after every meal an amazing number of white corpuscles are added to the blood: breakfast doubles their proportion to the colored corpuscles in half an hour; supper increases their proportion three times, and dinner makes it four times as great.

DURING the Khedivian expedition, the Russian army was fed chiefly on biscuit composed of one-third rye flour, one-third of beef reduced to powder, and one-third of powdered sauerkraut. The men are said to have had a great relish for this food, and their good health during the expedition is attributed in a great part to its use.

DR. HILGENDORF, a German, now in Japan, has found in his studies of Japanese crania, that the cheek-bone instead of being a single structure, is frequently divided by a suture into two distinct elements. Dr. Hilgendorf considers this so characteristic that he has called the additional bone the *os japonicum*.

KOUMISS; ITS NATURE, AND SOME OF ITS USES AS A THERAPEUTICAL AGENT.

BY EUGÈNE DU PUY, OF BROOKLYN, L. I.

Under the name of "koumiss," the Calmucks prepare a fermented liquor with the milk of their mares, which they use freely as a mild stimulant, corroborant, or nutritive tonic, recuperative of the system, whenever exhausted by either enforced or prolonged abstinence from food, protracted fatigue, or emaciation from any other cause. Containing, as it does, all the elementary constituents of the blood, with a moderate proportion of spirits in natural combination, it is most readily assimilated, and it also effectually assists the digestion of less assimilable food, being itself in a half-digested stage before injection in the stomach.

The Calmucks prepare their crude koumiss usually in leathern bags, suspended at the sides of their horses, and by prolonged jolting and shaking for a time, the milk becomes gradually and partially metamorphosed into that most valuable recuperator and vitalizer.

Its known constituents are casein, lactose, lactic and carbonic acids, oleaginous bodies and spirits partially converted into ethers (probably lactic and butyric), besides small proportions of the phosphates of calcium, magnesium, iron and manganese, together with the chlorides of sodium, potassium and calcium in a aqueous solution.

The milk of ruminating animals contains the same proximate principles as that of the mare, but in varied proportions. Thus the milk of the cow has an excess of casein compared to that of the mare, which in return possesses an excess of lactose material. By modifying and adjusting these relations the cow's milk is made to yield a similar product by proper fermentation, possessed of all the beneficent qualities and properties ascribed to the former preparation.

Thus modified, adjusted and fermented, koumiss has been experimented with, at my suggestion, during the past summer by quite a number of physicians of Brooklyn, in the gastric derangements of infants, children and adults, namely, Drs. Abbott, Butler, Fiske, Garside, Minor, Moffat, Searles, Sumner, Styles, Van Clief, Varona, Whitney, Wright, and others not remembered, all of Brooklyn. With infants and children, it relieved promptly nausea, flatulency and colic, inducing rest and sleep, and rapidly prepared the stomach for its normal food, through its remedial adaptation to the hitherto disturbed functions of the organism. Several cases of cholera infantum, tabes mesenterica, and marasmus, have been successfully treated by means of koumiss, even when some of the cases were already considered as beyond possible recovery. Koumiss was tried, and with stomachs rejecting all other nutriments, solids or liquids, it was retained, and the children recovered as from the grave. These cases will probably be referred to in proper time by the physicians who have had them in charge. One of these gentlemen of the profession told me since, that he had not lost a single case from cholera infantum since he had become acquainted with the properties of koumiss.

In the diseases of adults connected with impairment of the digestive functions, it has also proved its adaptation to relieve and mitigate gastric derangements; assisting slow digestion, regulating the bowels and vitalizing the general system. Whilst for the aged there is nothing known to me better adapted to recuperate their waning vigor, especially also where there is a deficient proportion of lactic acid in the stomach, a common cause of rheumatic trouble for the infirm and aged. Lactic acid is also believed to act as a resolvent of excess of calcareous deposits in the tissues; a common morbid condition of senility.

The physiological features of the several constituents of koumiss may be summarily enumerated as follows, according to Dr. Zagietski of Berlin:

The lactic acid activates the digestive powers, diminishes the temperature and frequency of the pulse, besides regulating the mucous secretions (no doubt developing the action of the peptose). It has also a specific action in diabetes and allied diseases.

The lactose increases the weight of the body and forms fat.

The spirit induces sleep, diminishes heat and also forms fat.

The carbonic acid allays nausea, calms gastric irritation, augments diuresis, increases the energy of the heart's impulse, while it diminishes the frequency of the heart's contractions.

The casein (which is a modified form of albumen) and fatty constituents derived from the cream, restore the plastic tissues and hermal materials, and act as a sort of inspiration, promoting the assimilation of itself

and associate constituents, acting as an efficient restorative pabulum to the whole system through the digestive organs, which are invigorated thereby.

Keeping in view these several properties of koumiss, it may be seen at a glance that its use can be extended serviceably to a large class of diseases pertaining to all ages and both sexes, in which imperfect nutrition or digestion is the chief morbid cause to be attended to, thus filling a decided blank in the catalogue of real remedial agents, being at the same time both "Physic and Food."

I prepare koumiss at present in four distinct grades, A, B, C, and D.

The first grade, or A Koumiss, contains more lactose and less spirit than the succeeding numbers, except the last grade. It is an effervescent lactoscent fluid, pleasant to the taste of most palates, infants as well as adults.

The second grade, or B Koumiss, contains more lactic acid and spirits than its predecessor, also effervescent with a somewhat vinous flavor.

The third grade, or C Koumiss, contains still more lactic acid in solution and spirits, its lactose having metamorphosed itself mostly into the two former components and carbonic acid. It is also effervescent as the previous grades, with a more decided vinous flavor, added to a slight tinge of bitterness.

The fourth grade, or D Koumiss, is the third grade allowed to rest for a period in a cool cellar, and its undissolved or unabsorbed casein separated by filtration. To the semi-transparent liquor is added an additional portion of lactose, etc., to give it more body and insure its keeping qualities indefinitely, when kept in a dark dry cellar for use, and in well corked and tied bottles.

This last grade is peculiarly adapted to cases where the tonic property conjointly to a digestive adjunct is desirable. It has already been used in conjunction with the saccharine proto-carbonate of iron (forming a lactate of that base in the stomach) in asthenic and anæmic cases with very encouraging results.

The various grades of koumiss and "koumine" (which contains the full constituents of rich cow's milk in a semi-digested and effervescent state) are likely to receive multiplied applications yet undeveloped. The emaciated, from whatever cause, physical or other sufferer; the feeble nursing woman and the aged of either sex, will find in its use a recuperating assimilator and vitalizer. In the convalescence of various fevers also, as a valuable tonic stimulant, a feeder of the plastic tissues, hastening the return to health and strength. For persons suffering from slow digestion, the fourth grade will be found a pleasant digestive draught after meals, a promotive of the digestive powers.

Finally; it has found a decided application already in nearly all such cases, and with manifest benefits, both as a remedial agent and dietetic, thus realizing, in part, the tendency of the practice of medicine of our day, distinguished as it is becoming more and more every day, for its science and humanity.

Brooklyn, N. Y., Oct., 1874.

SURGICAL CLINIC.

BY A. VERONA, L. P. S. C.

THE record of the following cases, which have occurred during the past two months, may be of interest to the readers of the UNION, and I take pleasure in forwarding it to you.

The first three are cases of fractures of different sections of the humerus, in all of which I have used the apparatus (slightly modified) which Dr. Henry A. Martin of Boston originally intended for the purpose of making extension in fractures below the surgical neck of this bone.

My object in this, is to show that while the above mentioned splint is a magnificent contrivance for the inventor's purpose, it can also be made the best possible appliance for all fractures of the humerus, it being not only an efficient means of producing the desired extension when this is needed, but also a simple and firm support for the fractured bone, having the advantage above all other splints of leaving the surface of the injured limb accessible to all applications, and exposed to the action of that most efficacious balsam—atmospheric air.

The apparatus consists of two pads, one for the shoulder and the other for the forearm, connected by a steel bar susceptible of being elongated by means of a ratchet. The shoulder pad being fastened with long adhesive straps and the forearm splint by a circular bandage, the humerus is kept in a fixed position in the line of the steel bar, which by the aid of a key is lengthened or shortened at will.

My modification is simply a hinged connection between the pads and the bar, which enables one to change the angle of the splint, and consequently the position of the limb.

Case I.—Mr. T., aged 62, having fallen down a hatchway, fractured his humerus two inches below the surgical neck. I saw the case, in consultation with Dr. Butler, six days after the accident. In spite of a great deal of inflammation there was preternatural mobility and crepitus easily felt. There was a slight depression below the acronion and the head of the bone was in its socket. I diagnosticated as above, and recommended the use of Martin's apparatus as soon as the inflammation subsided. It was applied four days after, kept on for five weeks, at the end of which time the bone had united, leaving the limb without deformity.

Case II.—E. B., aged 4, fell from a chair, fracturing the humerus three inches above the base of the condyles. I was called in consultation by Dr. Sumner and saw the case a few hours after the accident. I suggested the same apparatus, which was applied on the third day. On the fourth the patient fell, striking the injured limb, but the efficiency of the splint is such that the fragments remained undisturbed. Some days afterwards she again fell without sustaining injury, and at the end of four weeks the apparatus was removed, the fracture being consolidated and the arm perfect in shape.

Case III.—Mrs. G., aged 38, received a direct blow in the middle third of the humerus, which was fractured in two places, the middle fragment being of about three and a half inches in length. She was sent to my office by Dr. Leys, and I immediately applied Martin's splint. No other apparatus would have been so convenient for the easy management of the local applications that followed in the treatment of this case, where impending gangrene and other disagreeable complications threatened to destroy the limb, which at the end of eight weeks was nevertheless sound, unimpaired in length, and with but slight deviation from perfect symmetry.

Case IV.—Mrs. L., aged 44, had been, as she expressed it, for several years *doctored* for uterine trouble, disease of the bladder, kidney difficulty, etc. About a year ago she came under the care of Dr. Sumner, and he, suspecting the nature of the disease, at once placed her in my hands. I diagnosticated a multilocular ovarian cyst of the right side, and advised its removal. The patient suffering but moderately, however, was not willing to submit to an operation and she soon afterwards left me, to place herself under the treatment of a lady electrician, who promised a radical cure. A few months after this she returned to me in a very precarious condition, the tumor had considerably increased in size and had surrounded itself with a large quantity of ascitic fluid, which pressing upon the diaphragm threatened to asphyxiate the patient whenever she assumed the recumbent position. She begging for some sort of relief, I tapped the peritoneal cavity and removed sixteen pints of a brownish semi-transparent liquid of a somewhat albuminous nature. Under the relaxed abdominal walls the ovarian tumor could now be distinctly felt occupying the lower portion of the abdomen, slightly inclined to the right side and about the size of an impregnated uterus at full term.

The removal of the ascitic fluid having made sleep enjoyable and having increased the capacity and the action of the stomach she regained some strength, and I again urged ovariotomy as the only means of saving life. To this she again objected however, and not until after a second tapping and when it seemed as though life could last but a few days, did she ask for the removal of the tumor.

Although the chances of success were now much lessened I consented to operate as a *dernier ressort.*

On the 12th day of last month, I proceeded to remove the growth in the presence of Drs. Fiske, Willis, Searle, Abbott and Van Clief. The patient being placed under the influence of ether, I made a five inch incision in the *linea alba* directly into the peritoneum, and having withdrawn about fifteen pints of ascitic fluid the walls of the cyst were exposed. I then introduced my hand, and having ascertained the relations of the tumor (which proved to be as diagnosticated) and the absence of parietal adhesions, I evacuated successively the contents of four cysts, then delivered the sack with several other small cysts, and having severed a few intestinal adhesions, cut and secured the pedicle, washed the peritoneal cavity and closed the external wound. The patient reacted gently from the operation and did well during the first and second days, being placed simply upon arnica (five drops of the tincture to five ounces of water) and teaspoonfuls of milk punch, which she keenly enjoyed. Dur-

ing the night of the second day, however, her strength began to fail, and the following morning life was exhausted.

Upon examination the tumor was found to consist of two large cysts, each of about the capacity of a quart measure, four smaller ones of about half the above size and as many as ten others, varying from the size of a large orange to that of a walnut. The large cysts were filled with a thick oleaginous fluid, in which floated long and tenacious flakes of colloid substance. The smaller ones contained curdy sebaceous matter of a cream-white color, and the smallest, greenish, brownish, and yellowish purulent fluid. The cyst walls were thick, easily broken down and of a somewhat sarcomatous nature. The cyst fluids measured about twelve pints, the solid portions weighed twelve and one half pounds.

It is worthy of notice that all the other abdominal viscera, uterus, left ovary, kidneys, liver, intestines, etc., etc., were healthy.

Brooklyn, November 1, 1874.

CONCENTRATED MOTHER'S MILK FOR NURSLINGS.

BY EUGENE DU PUY, BROOKLYN, L. I.

That the milk of women, when in a normal state, is the rational aliment of the nursling, is a truism which requires no discussion; yet how often is it that unwholesome quality or scantiness renders it indispensable to look elsewhere for a satisfactory and adeqate supply? Resort is usually had to a wet-nurse when procurable, as the next best thing to do; but here again, how often is it found that, from various causes, their milk is anything but what it ought to be, added to the great expense and inconvenience their employ entails on the purse and privacy of the family circle.

Knowing experimentally these various and objectionable facts, I have devoted the past two years to the study of this subject, with special reference to the various modes of infantile alimentation from materials within my reach, and therefore, it is with some degree of confidence and satisfaction that I offer to the medical profession at large, a milk for nurslings' use, which does contain in an assimilable form, all the essential constituents of normal breastmilk, and does satisfy the wants of their physical nature, equally as well as good mother's milk.

I prepare it in a concentrated and keeping condition, so that, by merely diluting one part of it into twelve parts of plain warm water, a good normal mother's milk is thereby ready made for feeding appropriately even the youngest of nurslings.

My concentrated mother's milk contains no cane-sugar in any form; its saccharine matter being entirely prepared from Lactose, and its oleaginous bodies, together with its casein, albumen and salts, from the best of cow's milk, through adequate modification, readjustment, and concentration, without destruction of the vibrios observable by microscopic investigation, and which are always present in normal milk, besides showing its comparative identity to mother's milk by the number and size of its fatty globules, when properly diluted as before directed.

During the past and the present season, quite a number of infants have been thriving upon it. Some when suffering from gastric derangements, throwing up their usual food, and these were rapidly running into a state of marasmus (being starved to death whilst feeding on unassimilated food). In some instances, my A Koumiss was preliminarily prescribed by the attending physician, to restore the tone of the debilitated stomach, to modify and improve by that agent the quality of the mucous secretion, and arrest the vomiting; but in other cases, the concentrated milk, diluted as above stated, was found sufficient to allay the morbid symptoms, and being administered by small portions at first, was retained, regulated the bowels gradually, besides inducing rest and sleep, and brought out the little sufferers in comparatively very short space of time, from a dying condition to ruddy health.

The concentrated mother's milk has been used by several of the physicians mentioned in the article on Koumiss, with encouraging success. And by its keeping qualities, also recommends itself particularly to the attention of those traveling with an infant in charge, but bereft of his mother's milk from whatever cause.

Homœopathic Surgical Hospital in Berlin.—This institution, under the patronage of the Princess Karl of Prussia, contains eighteen beds for private patients and six for the poor. A large number of cases, mostly surgical, have been treated.

Medical Union Clinique.

JAUNDICE MISTAKEN FOR CANCER OF THE STOMACH.

I was recently called to see Mrs. S., æt. thirty-five years, who had been previously treated by an allopathic physician for six weeks for cancer of the stomach. The remedies had consisted principally of opiates of various forms, administered by hypodermic injection, and by the mouth, until the stomach not only rejected the medicine, but food and even water.

She had suffered with intense pain in the stomach and bowels, lasting two or three hours at a time, and then disappearing for one or two days. Each return of the pain was at stated intervals, and more severe, until it became almost continuous, the opiates only producing a slight palliative effect. When she came under my care she was very weak, with a weak and rapid pulse, eyes yellow, and extreme sensitiveness to the touch over the region of the liver, while the slightest liquid taken into the stomach produced violent vomiting.

I ordered small pieces of ice in the mouth, and beef-tea injections by the rectum, at the same time applying cloths wet with hot water over the stomach and bowels when the pain was severe. This treatment was continued forty-eight hours, when I commenced giving food in small quantities, at the same time giving a powder of Podophyllum 3d every four hours; as the stomach grew a little stronger, a little old cider was given frequently. This treatment was continued for two weeks, when the case was discharged cured.

Hamilton Rickaby, M. D.

WASTING COUGH FROM A FOREIGN SUBSTANCE.

I was recently called in consultation to see a little child about two years of age, who for several months had been suffering from a severe cough, and was wasted almost to a skeleton. Under allopathic care he had gone through the usual round of cough mixtures, had been fed with cod-liver oil, iron, and the phosphates, but all to no purpose. A change of treatment was resolved upon, but my friend found himself greatly at a loss to get at the cause and peculiar character of the trouble. The attempt to make a careful examination of the chest brought on crying and a violent paroxysm of coughing. On carefully examining the expectoration, I found, imbedded in a bloody, purulent mass, a carpet-tack, at least seven-eighths of an inch in length, black and corroded. This was the cause of the trouble. The cough rapidly subsided, and in a short time entirely disappeared.

Egbert Guernsey, M. D.

Brain Affections in the Early Stages of Syphilis.

Among the recent facts that have been ascertained respecting the natural history of syphilis none appear to be better established than those showing the possibility that any organ of the body may be affected during the early and later periods of the disease. Headache is an important symptom in cerebral disease of a syphilitic origin. Those pains that are localized at certain points and have a nocturnal character are apt to be associated with the later forms of the disease; in the early periods the pain is apt to be diffused; attacks of dizziness are among the early symptoms, and probably are dependent in most cases on hyperæmia of the brain or its membranes. Paralysis is apt to occur suddenly during the early period of syphilis with or without loss of consciousness. Apoplectic attacks in persons about the twentieth year point rather to syphilis than to other causes. In the later periods of the disease paralysis develops gradually, spreading over the muscles; in very advanced cases mental disturbance may also be associated with the disease. Paralysis of certain groups of muscles appear at both periods; the muscles of the eye are more frequently affected in the early period, and the facial muscles in the later period. Paraplegia is apt to appear early, hemiplegia late. Epilepsy after syphilis is generally connected with old cases of syphilis, and is rarely, if ever, known before the thirtieth year. Weakness of memory, impairment of mental vigor and intelligence appear both early and late. Mental disturbances have only been observed in the later periods.

A man who advertises for an agent to sell a new medicine, says that "It will prove very lucrative to the undertaker."

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

ANÆSTHESIA IN OBSTETRICS.

Every obstetrician accustomed to the use of anæsthetics in labor, has probably had more than one opportunity of confirming the truth of Nélaton's theory, that death from chloroform is due to syncope or cerebral anæmia, and that the surest and most speedy relief in suspended animation, is to lower the head so that the blood may flow more readily into the brain. Several years since the exigency of a case required speedy instrumental delivery. The patient was brought easily under the influence of chloroform and the sponge entrusted to the nurse, with instructions not to use it unless by my direction. With some little exertion the child was delivered. On looking up, the nurse was seen leaning over to watch the process, and the sponge, wet with chloroform, held tight over the mouth and nostrils of the patient. The livid condition of the face and the entire absence of pulsation, showed the danger. The pillows were at once removed, and the body elevated almost to an angle of forty-five degrees. As pulsation returned she was lowered into a horizontal position, when almost in a moment the pulse again disappeared. The body was again elevated and kept in that position until animation was fully restored. An interesting story is told that Nélaton derived the hint of reversing the body in chloroform poisoning from a discovery accidentally made by his little son, then some seven or eight years old. The little boy, it is said, had killed some mice with chloroform, and without thought or reason had taken up a dead mouse by the tail and was twirling it round, when to his surprise it began to show signs of life, and in a few moments recovered entirely. The great surgeon applied this hint to practical use. Young Nélaton, a short time since, on being interviewed, gave a slightly different version of the affair. The house where they lived was infested with mice, and he was in the habit of catching them with traps, and then covering the trap with a napkin, kill them by pouring the chloroform on it. One day his father came in, and seeing the apparently dead mice, told him to hold one of them up by the tail head downward, and it would come to life, which proved not only true then, but in some fifty other experiments of the same kind. Alas, for the sayings of history, when brought to the touchstone of truth. William Tell, they would have us believe, is a myth; the plays of Shakspeare written by Bacon, or some one else; and even our old terror, Judas Iscariot, under the pen of Story, changed into the purest and holiest of all the apostles. The suggestion of Nélaton is none the less valuable from having originated with himself instead of having been suggested by his son holding the mice up by their tails. Dr. Sims says, in all cases of post-partum hemorrhage, the head should be placed much lower than the body, so as to throw what little blood is left into the brain.

PREGNANCY AND DISEASE OF THE HEART.

Quite recently, in this city, a very charming young lady, an only daughter, beloved by a large circle of acquaintances and supposed to be perfectly healthy at the time of her marriage, died shortly after, in the first months of pregnancy. A careful examination showed unmistakable disease of the heart. The question in this case naturally suggests itself, What complications are we likely to get from pregnancy where there is organic heart disease? It is very evident that to women with heart dis-

ease pregnancy is full of peril, and notwithstanding they may pass in perfect safety through the period of gestation their liability to accidents is very much increased. Hence we are liable to have pulmonary accidents, such as an extremely rapid double congestion of the lungs, with spitting of blood, asphyxia, or capillary bronchitis, or lobular pneumonia, or pleurisy. There would be likely also to be a general aggravation of cardiac troubles, such as dyspnœa, painful palpitation, visceral congestion, anasarca, etc. The augmentation of the total mass of blood which we get in pregnancy, and which is necessary to the growth of the fœtus, produces physiologically plethora in the lungs, and may also dyspnœa and even spitting of blood. It is very evident, then, that a woman with organic heart disease, if she marry (and it would be wiser for her to remain single), should be almost constantly under the supervision of a physician during the period of gestation, and especially the latter months. If she becomes a mother she should not nurse her child, or do anything which would have a tendency to fatigue her heart. The physician should explain these matters fully to his patient.

CONTAGIOUSNESS OF TYPHOID FEVER.

Prof. Tyndall, in a recent letter to the *London Times*, argues in favor of the theory of Dr. Budd, that typhoid fever is not spontaneously generated by the decomposition and putrefaction of animal and vegetable substances, but is propagated solely through the medium of matter which has already been in contact with a typhoid patient. This view he enforces with new facts and argument.

In the developments of science, and as the result of close and careful investigation, very many of our old ideas and theories have undergone a change, but we are inclined to think that the prevailing impression, confirmed as it is by the experience of careful observers all over the world, that typhoid fever is developed and propagated by defective sewage, bad air, and decomposing animal and vegetable substances, will require something more than the facts or reasoning of Prof. Tyndall or Budd to upset it. The progress of diphtheria in this city during the past season shows very conclusively the effect of local influences, scarcely a death having occurred except along the lines of old water-courses which have been filled up and in the close air of tenement houses and overcrowded streets. This epidemic, if it may be so called, it is true is an exception, usually atmospheric influences having more to do with them than at present. There are abundant facts to show the breaking out of fevers, diphtheria, and other depressing and blood diseases in localities where the fevers could not have been brought in the way suggested by Drs. Tyndall and Budd, but must have had their origin in the immediate locality, and whose spread was owing to local and atmospheric causes.

ADVICE TO A YOUNG STUDENT.

The following letter, from one of our leading physicians to a young student about to commence his medical studies, contains so much excellent advice to the young practitioner, that we have begged it for publication. We have only to add, that the author, by following the advice so freely given, has been more than usually successful in a most extensive practice.

My Dear Frank:

I am rejoiced to hear that you have selected medicine as your future profession. You ask me which system of medicine I advise you to study, the allopathic or homœopathic.

I answer, homœopathy is not nor does it claim to be a "*system of medicine;*" for a system of medicine must embrace all the important medical sciences. Homœopathy is a scientific system of therapeutics. Simply this, and nothing more. It ignores nothing of truth in any of the departments of medical science, but avails itself of all its researches and all of its established facts. It claims that a system of medicine requires this key-stone to the arch to make it strong and complete, and that thus far it is the only scientific system of therapeutics extant.

The researches of the chemist, the anato-

mist and the physiologist are all essential to the right understanding of disease, and the application of remedies, and the skill of the well-educated physician points out, by recognizing the character of the disease, the line of treatment. This treatment is not always in accordance with the homœopathic law, for sometimes narcotics, hypnotics, or anæsthetics may be required to relieve pain ; sometimes external applications, sometimes agents which produce relief by their mechanical action, and sometimes chemical combinations which the system requires as food. All of these agents when needed should be freely used by men of all schools.

The drug of the scientific physician is like the sword of Saladin, cleaving the iron helmet, or severing the most delicate and gauzy fabric. The paralyzing force of the drug given in massive doses he perceives is produced by overtaxing the nerve force, beyond its power of resistance, and if the amount of that power can be regulated by the size of the dose, so that we obtain only its gently stimulating or tonic action, it restores the disturbed equilibrium and acts like an element of cure rather than a mere palliative or an agent of death. In our remedies, while we seek to avoid Scylla we should be careful not to run into Charybdis, avoiding the massive drug action, on the one side, except where for special purposes we seek to obtain it, and the dose so minute as to be incapable of action, on the other. You will perceive then, while we do not ignore the drug action, we believe we obtain its really curative power far before that point is reached. We believe also, what I think scientific investigation has fully demonstrated, that the pathological changes produced in the system by the more or less rapid action of disease have their counterpart in the changes produced by drug action. Whatever the causes may be of the disease, the effect upon nerve centres and tissues seems to be the same as that produced by certain drugs. The similar symptoms seen in both conditions convince us of the similarity of the lesions, which are often confirmed by the revelations of the knife and the microscope.

Abundant experience of close observers, of minds trained to scientific accuracy, has demonstrated beyond doubt, that in many important cases minute doses of drugs will relieve symptoms produced by disease similar to those produced by large doses of the drugs, and that the susceptibility of the system to the action is immensely increased by the disease.

Dr. Forbes, in his Cyclopedia of Practical Medicine, says, "Arsenical solution is the anti-periodic, or ague curing medicine in which, next to quinine, most reliance may be placed."

Dr. Boudin, a recognized authority on the subject of ague, says, "I have been compelled to combat with quinine, a case of intermittent fever, produced by five grains of arsenic given in twelve days for ichthyosis, when there was no ague in the place."

Dr. Copeland, Dr. Pereira, Sir John Forbes, and others, testify to the value of ipecac given in small and repeated doses for the relief of asthma. Cases are by no means rare of persons who cannot go into a room where ipecac is being prepared without having a violent attack of asthma. In reference to tartar emetic as a cure for acute pulmonary inflammation, Dr. Williams, the distinguished author of the Principles of Medicine, says, "It has no equal except blood-letting."

Laennec says, "The effect of tartar emetic is never more rapid or more efficient than when it gives rise to no evacuation."

Magendie, in describing the effects produced on animals which he poisoned with tartar emetic, says, "In whatever way it is introduced, it acts specifically in inflaming the lungs."

M. Lepelletiere, who has written the best monograph on this drug, says, "One would imagine, admitting its action in man to be similar, far from being useful as it undoubtedly is, its administration would be particularly pernicious in the treatment of pneumonia."

We might go on to almost any extent, drawing our illustrations from distinguished allopathic writers confirmatory of the homœopathic action of drugs.

When all our researches lead to the same result, viz.: the specific action of drugs in small doses upon certain diseased organs when the symptoms are similar to those produced by their drug action, may we not naturally infer that this is something more than a mere chance coincidence, but really a law of therapeutics?

You perceive, then, that we have all that our allopathic friends possess, ignoring no fact in medicine, and no principle which has been proved correct, but in this law of therapeutics we have advanced far beyond them, and hold

in our hands, in our combat with disease, weapons more trenchant than any which they possess. I am at a loss to comprehend the antagonism and bitterness which exists in the allopathic school towards the homœopath, when all the modern development of science, the miscroscope, the spectroscope, and the combinations of the chemists, one after the other, confirm and uphold the position of the latter.

My advice to you, then, is to study the whole science of medicine, remembering that the profession holds within its grasp the sum of all sciences, and reaches out its eager hands into every avenue and domain of nature.

The science of therapeutics, which is the law of homœopathy, I am sure will commend isself to you for its correct philosophy and beautiful simplicity. It will, I am confident, aid you in reaching that success in your profession to which every physician aspires.

Fraternally yours.

Depilatory—Prof. Boettger recommends the following as safe: One part of crystallized sulphydrate of sodium is rubbed to a very fine powder, and mixed with three parts of prepared chalk. The mixture keeps well in closed vials. Mixed with water and applied to the skin, the hair becomes soft in two or three minutes, and is readily removed by water. A longer application is apt to corrode the skin.

Danish Liberality.—Prof. Brendum, of Copenhagen, has made a donation of 50,000 rix-dollars (more than £11,000), for the construction of a homœopathic hospital in the capital of Denmark.

Western Academy of Homœopathy.—At the recent organization of this society at St. Louis, Dr. Franklin delivered an address of welcome, and strongly recommended the starting of a Western Medical Journal.

Homœopathic Hospital in Madrid.—The erection of this institution was commenced last year. It will cover a space of 40,000 feet, and will hold 500 beds. It will soon be open for the reception of patients. There are 500 homœopathic practitioners in Spain.

Journalistic Gleanings.

In the last number of the *Archives of Dermatology*, Dr. T. Lewis Smith gives a description of the eruptive disease which prevailed as an epidemic during the past season, known as Rötheln, or epidermic Roseola. The disease was often mistaken for measles and sometimes for scarlet fever. The mildness of the attack, the lack of uniformity and certain peculiarities of the eruption, the absence of bronchitis and general favorable prognosis afford a strong contrast to measles. That it was not a modified form of measles was apparent from the fact that in the majority of cases the patients had suffered from measles before. It certainly was not a form of scarlet fever, the rash differing from the scarlet efflorescence occurring in small, or more or less circular points or patches. In addition to this, the fact that an attack of the one malady does not prevent the occurrence of the others, settles the matter. It is true, there are cases where it is difficult at first to make a differential diagnosis between rötheln and mild measles or mild scarlatina, but the course of the malady, if carefully watched for a few days, leaves no doubt. We infer that rötheln is one of the exanthematous fevers, with no dangerous complications or sequelæ, and requiring but little treatment. Dr. Smith gives little but small doses of *quinine*. In our school the remedies found most useful are *aconite* and *belladonna*.

Dr. Drysdale, in the same journal, has a very sensible article on tertiary syphilis. A large proportion of all cases of syphilis exhibit no tertiary symptoms, and yet the lesions may appear ten, twenty, or even forty, years after the primary infection, and assume a grave, and sometimes fatal character. The prognosis of tertiary syphilis is a grave one. Far more people die of these lesions than the half of the profession have any conception. When tertiary syphilis has made its appearance, we may be prepared for paralysis of any nerve, or disease in the kidneys, lung, liver, or brain of the patient; not that of necessity we must get these lesions, but they may occur at any period of his after life, striking down the victim in the midst of his usefulness and the full strength of his manhood. In trouble of any organ, without any apparent cause, the thought of tertiary syphilis is one of the first to

suggest itself. Ricord has always maintained that the *remedy* in tertiary syphilis is iodide of potassium, given continuously and in decided doses; and physicians of all schools are induced to throw in this drug with a heavy hand in those blind cases which seem to point to tertiary syphilis, because no other solution of the difficulty can be found, and the results are often exceedingly brilliant.

In the October *American Journal of Medical Sciences*, Dr. Pepper, Clinical Professor of Medicine in the University of Pennsylvania, gives an interesting article on "Injection of Pulmonary Cavities." In concluding the study of the question, he thinks the following points have been established:

1. That the continuous injection of lung cavities, by means of delicate canulæ, may be conducted without pain, hemorrhage, traumatic irritation, or interference with internal medication and hygienic measures.

2. That the cases best adapted to this treatment are those where a single superficial and circumscribed non-tuberculous cavity exists; but even when there is implication of the rest of the lung, or incipient disease of the opposite lung, some benefit may be derived.

3. That the mode in which such local treatment does good, is chiefly by altering the character of the morbid action in the walls of the cavity, diminishing the amount of purulent formation, as well as the degree of hectic irritation and the danger of constitutional infection. That a certain amount of rest of the walls of the cavity is secured by the marked relief afforded to the cough. It is also indicated that this treatment may favor the cicatrization and contraction of such cavities.

4. That in cases in which it has been employed (in which over seventy injections have been given), it has shown itself free from all danger, and of a certain degree of positive clinical value, since during its use uniform improvement to an exceptional degree has taken place in both the general and local condition of the patients.

Dr. Roosa furnishes, in the same journal, an interesting article on "Diseases of the Internal Ear," illustrated by sixty-five cases from his own practice. The causes of disease, as they are deduced in these cases, are arranged as follows: *Traumatic.* Injuries producing mechanical damage to the terminal auditory apparatus, 4; long-continued exposure to concussions, producing congestions and inflammation of the internal ear, 3; *Idiopathic.* Hemorrhage into internal ear, producing atrophy of nerve tissue, 11; inflammation of parotid gland, from which a catarrhal or periosteal inflammation extended to the labyrinth, 2; cerebro-spinal meningitis, producing inflammation of the auditory nerve or the labyrinth, or both, 8; scarlatina, causing an extension of pharyngeal or meningeal inflammation to the labyrinth, 2; measles, producing the same effect, 1; basilary meningitis, extending to auditory nerve or labyrinth, or both, 7; primary inflammation of labyrinth, or circumscribed basilary meningitis, 8; administration of quinia, causing congestion and inflammation of base of brain and labyrinth, 4; from causes unknown, 14; arrested development, 1; total, 65.

Dr. Carothers, in the *New York Medical Journal*, discusses the question of *Inebriation;* its Pathology and Treatment. He very correctly says, it is pathologically considered a disease, having all the characteristics, such as cause, beginning, development, climax, decline, and extinction, and is also amenable to treatment and cure, as are other lesions of health. It arises from some disorder in certain brain districts, which preside over and direct the process of nutrition. Gall and Spurzheim were probably correct when they stated that the brain is divided into certain districts, which take special cognizance of certain functions of organic life. After a careful discussion of the subject, he arrives at the following conclusions:

1. Alcohol diminishes and destroys nerve-force, tending to develop paralysis of motor and functional activity.

2. Inebriety is a disease of certain parts of the brain, and of the nutritive functions which it controls.

3. That this disease is provoked by alcohol in variable quantity, depending on some unknown condition of the body at the time of exposure.

4. That a weakened will-power, and mental aberration and tendency to inebriety, not inherited, are manifestations of disturbance of the co-ordinating power of the nutritive functions.

5. This disease is inherited, and exists as an alcoholic diathesis, which may spring into

activity, remain latent, or develop into other irregularities and functional diseases.

6. Inebriety is the active cause of many of the nervous and functional diseases of the brain.

The author casts no new light upon the treatment.

In the same journal we find a translation of an article from the pen of the distinguished Rokitansky, on the influence of chloral hydrate on the sensibility of the nervous system. From careful experiments he reaches the following conclusions :

1. Chloral hydrate is a cardiac poison. When it is introduced directly into the arterial system, the animal dies because of the cessation of cardiac movements.

2. Chloral hydrate diminishes the excitability of the motor centers of the respiratory and abdominal muscles.

3. Chloral hydrate lessens the irritability of the vaso motor centres.

Our homœopathic foreign exchanges contain but little of interest. The *Algemeine Homœopathische Zeitung* contains an interesting case of menorrhagia, accompanied by anæmia, successfully treated by drop doses of the ordinary *Aqua Kreosoti*. Dr. Walsch, of Kissengen, gives a paper in which he shows homœopathicity of mineral waters to the diseases for which they have been useful. We have often thought the curative effects of mineral waters show the truth of the law of similia so clearly that the most skeptical should be convinced. G—.

AN ENGLISH EDITOR'S VISIT TO AMERICA.

We copy from the *Homœopathic World*, extracts from the editor's description of his recent visit to this country, believing it will be of interest to our readears :

We left Liverpool on 25th August, in the "Java," and, suffering from the adverse winds which prevailed during the greater part of the passage, experienced that even under the most favorable conditions, ocean travel is not an unalloyed pleasure. In future, when recommending a sea voyage to persons in delicate health, we shall strongly insist on the importance of surrounding the patient with every possible comfort. We can, however, affirm that sea sickness is not likely to prove obstinately rebellious to treatment, though we should certainly not expect much benefit to follow, but, on the contrary, much harm, from confinement in a small state-room deprived of fresh air. The deck is the best place for those who can remain there.

After eleven days' passage we reached the Cunard Pier, off New York, and before landing were not a little surprised and gratified to hear ourselves inquired for. Our friend Mr. Noxon was the inquirer, and to him we were indebted for hospitable entertainment during our stay in Brooklyn.

This is a large and beautiful city of about 450,000 inhabitants, among whom there labor, so far as we could learn, not fewer than one hundred homœopathic physicians. Among those whom we met with, we were especially indebted to Drs. Sumner, Searle, Whitney, Talmage, Thayers, and others, for much personal attention and professional courtesy. Under their guidance we saw a great deal of the fine city, the "Greenwood Cemetery," with its thirty-seven miles of carriage-roads, and the elegant and noble "Prospect Park."

But the homœopathic Institutions of Brooklyn, of course, more especially excited our interest, and of these our readers will prefer to hear. The *Brooklyn Homœopathic Dispensary* is situated in Atlantic Street, a central locality, and in close proximity to one of the most densely-populated quarters of the city. It is of brick, three stories high, and has been furnished in the most perfect manner ; as far as our observation extends, it is indeed without exception the most complete in all its departments of any Dispensary in the world. On the first floor of the building is a reception-room for patients, a pharmacy, and the private office of the house physicians. On the second floor is a library and reading room, well supplied with all the principal foreign and domestic journals of different Schools. The Institution was founded in 1852, and was then incorporated under the laws of the State ; it now receives an appropriation from the State Legislature of $500 a year. The medical director is Dr. Sumner ; the attending physicians are, Dr. Searle, for diseases of the eye and ear, Dr. Whitney for diseases of the throat, Dr. Miner for diseases of women, Dr. Hamilton for diseases of the chest, and Dr. Butler for nervous diseases, etc. The attending surgeons are Drs. Willis and Bonnell. The house physician is Dr. Stiles, and the house surgeon Dr. Chiff. We repeatedly visited this Institution and learned much from the able

staff, especially in the eye, ear, and throat departments.

From what we saw of the admirable work accomplished here we earnestly recommend the opening of Dispensaries or similar Institutions in all our larger towns. Wherever there are several medical men, an arrangement could be easily and advantageously made, whereby the work could be divided. Each doctor could take some specialty, and the work done at the Dispensary would prove remunerative by giving experience, which would be available for the better treatment of private patients.

There are three other Dispensaries, conveniently situated for different portions of the city; one of them, in Gates Avenue, open daily, and free to the poor, is attended by a large number of patients, and well supported by the leading Homœopaths: it is under the excellent professional superintendence of Drs. Keep, S. Talmage, W. C. Bryant, J. F. Talmage, Elliot, M. Bryant, Bennett, etc.

The *Brooklyn Homœopathic Hospital* is the offspring of the Dispensary. The number of patients attending the latter became so large that the establishment of a free hospital was deemed necessary. The building is in Cumberland Street, and from the exterior resembles the private residence of an opulent citizen. It is of brick, three stories high. At the rear is a piazza, and beyond it is a mortuary. On the right of the entrance hall is the trustees' room, where all the executive business is done; on the left is the excellently arranged Pharmacy. At the end of the hall is a long and broad room known as the surgical ward, having a door for the admission of patients brought by carriages or ambulances. At one end of the room is an elevator on which the wounded can be raised to the wards in the upper stories without suffering additional pain, and at the left side is the door leading to the operating room. On the same floor is the female surgical ward. On the next floor are male and female medical wards, with a series of rooms for the accommodation of patients who can afford to pay for private apartments. The upper floors are similarly arranged. The staff-meeting of the Hospital was due a week before our arrival; but knowing that we were expected, the compliment was paid us of postponing the meeting till we could attend it. As soon as an arrangement could be made, it was summoned. The custom is for each member of the staff to report to the whole body such interesting cases as have come under his observation and care during the month. At the meeting we attended, many of the cases reported were of the most instructive character, and might have worthily filled several pages in any of our journals. During the meeting the utmost order is observed, no topic being introduced but what belongs to the matter under discussion. But after the meeting, social festivities and unrestrained freedom are enjoyed. Of these also we had the pleasure of participating. Among other matters, we were pleased to be informed that religious services are held in this institution every Sunday afternoon for the benefit of the inmates, and various friends usually meet to join in the worship. We attended one of these Sunday afternoon services, which are conducted by the clergy of all denominations. Dr. Sumner is also medical director of this institution. The physicians are Drs. Moffatt, Searle, Garside, Whitney, Minor, Bowen, and Nott; the surgeons, Drs. Fiske, Varona, and Willis; the house physician is Dr. Stiles, and the house surgeon Dr. Cole.

The *Brooklyn Homœopathic Maternity* is another most admirable institution, established to furnish exclusively homœopathic treatment and comfortable accommodation to women desiring an asylum during confinement, and to children during infancy; also to qualify nurses for the intelligent care of the sick. A large number of ladies take an active part in the management of the charity, some of them bestowing personal attention on the patients. Of these the number last year was 69, and it was interesting to note that the nationality was—American 28, Irish 21, English 8, Scotch 3. The benefits of such an institution can scarcely be recorded. Dr. Sumner is the medical director here; Dr. Abbott, the resident physician; the medical staff comprises Drs. Moffatt, Garside, Fiske, Searle, Gorton, Verona, and Whitney.

We have referred to these institutions at some length as examples of the good work which is being carried on with vigor in all the States of the Union. Our notes of others will be more brief, because we cannot devote a similar amount of space to them. All the institutions are managed with the energy, liberality, success, and broad and Christian spirit, of which our school may well be proud. Brooklyn has set an example in the successful accomplishment of well-organized plans in her

works of charity which cities of the old country will do well to imitate. These institutions are not only doing an immense amount of good to the poor, but furnish, by the abundance and variety of material, a practical school for clinical teaching of vast importance to the rising profession. We were glad to find many students were profiting by the clinical advantages which the Brooklyn charities furnish.

At Boston we were kindly conducted over the Dispensary and University School of Medicine by Dr. Talbot, who holds office in the latter institution as Dean and Professor of Surgery and Surgical Pathology.

At Cincinnati we were very hospitably entertained by Dr. S. R. Beckwith, who took us through the *Cincinnati General Hospital*, a magnificent structure of eight distinct buildings, placed *en echelon* and connected by corridors, surrounding an extensive center yard or court. Every part of the hospital is in telegraphic communication with the Superintendent's room in the central building, with the police stations throughout the city, and with the post-office. Mr. H. M. Jones is the courteous Superintendent of this magnificent hospital.

The Pulte Medical College, of which Dr. Beckwith is the Dean, is exclusively homœopathic ; but its students have the benefit, every day, of two hours of clinical and didactic instruction in the wards and amphitheater of the General Hospital, an indication of professional amenities which are unknown in this country.

The *Sanitarium*, located several miles from the city, is a palatial building, standing in beautiful grounds—a private institution for the treatment of mental and nervous diseases. Our host, Dr. Beckwith, is one of the consulting physicians. On inquiring what was the chief cause of the disorders which brought persons to this asylum, the reply we received from the physician in charge was : "Haste, hurry, and eager desire to be rich, are the chief predisposing causes."

When, five years ago, we last visited Chicago, her growth and stately magnificence excited our astonishment. But since then the city was almost destroyed by the great conflagration of October, 1871—a conflagration from which few cities would have recovered in a century, but which only seemed to call into play the indomitable energy of the inhabitants. Although scarcely three years had elapsed, we found Chicago reconstructed, with broader streets and more palatial buildings than before, and shining with such increased splendor as to eclipse her former magnificence. Here there is a Hahnemann Medical College and Hospital, in connection with which there is, among others, a distinct chair, entitled the Clinical Professorship of the Medical and Surgical Diseases of Women. This chair is ably filled by Dr. R. Ludlam, author of a volume of Clinical and Didactic Lectures on the Diseases of Women, etc. For fifteen consecutive years he has taught in this institution.

The arrangement that has thus been made offers superior advantages both in the study of special Therapeutics, and also in that of special Surgery of the Diseases of Women. It will therefore demonstrate the superior efficacy of homœopathy, and its especial applicability to the cure of those diseases in the hands of a skillful specialist, a field as yet not half developed. It will also show that where operative means must supersede the medical, there are those already in our school who deserve to be ranked among the most skillful and successful surgeons. Moreover, by the tabulated results of private and hospital practice, it will show that the after treatment in surgical cases among women is much more successful than in the old school. Out of five cases of ovariotomy performed within the year by Professor Ludlam, four have entirely recovered. In one of these the tumor was so bound by universal adhesions that the sac could only be removed by *Enucleation.* An account of this remarkable case was given in the *United States Medical and Surgical Journal* for January, 1874. At the time of our visit the patient was well. This extraordinary success is largely due to the careful after-treatment proper to the homœopathic school. We have observed several deaths occur after ovariotomy in allopathic hands, even when the operation has been skillfully performed, from lack of those resources which homœopathy possesses. Numerous other operations in this special form of surgery have also been performed before the class. These have included the closure of vesico- and recto-vaginal fistulæ, the closure of ruptured perinæum, and the removal of uterine polypi and fibroids.

We cannot allow this opportunity to pass without recording our very high appreciation

of the many obligations under which we have been laid by the profession in America. Nor can we shut our eyes to the fact that the kindnesses shown to us were only the expressions of fraternal feeling toward the profession in Great Britain generally, very few members of which have as yet visited the United States. On their behalf, therefore, as well as on our own, we record our best thanks for the hearty interest taken in our welfare, and in the progress of homœopathy generally.

One of the pleasantest incidents in our transatlantic tour was the appearance of a party of friends who, quite unexpectedly, visited us on the Cunard steamer on the morning of our departure to bid us farewell. The group included friends from Providence, Orange, Aitken, Brooklyn, and New York. Their hearty salutations and warm farewells greatly touched us; and as our ship moved from the Western shore, we heard their pleasant voices and saw their cheerful faces, watching them as long as we could, until at last the harbor itself was no longer visible.

Reviews of Books.

A Practical Treatise on the Diseases of Women. By T. Gaillard Thomas, M. D. Philadelphia: Henry C. Lea. 1874.

No department of medicine has advanced during the past few years more rapidly and with surer footsteps than Gynecology. The attention of some of the best and most ingenious minds have been directed to this most important branch of investigation and practice, until now, no longer dismissed with a few brief remarks in college lectures, and in text books, it takes a prominent rank in all schools in the curriculum of study.

Dr. Thomas is every way qualified for the important work he has undertaken, and the fact that the present is the fourth edition is a gratifying proof of the estimate in which his labors are held by the profession. Still comparatively a young man, by great industry and unusual tact and skill in his treatment, he has worked his way to the front rank of specialists in Gynecology. The work is enriched not only by his own ripe experience, but contains a summary of the most advanced views of the ablest minds in the specialty of which he treats, in all countries.

In Chapter III., diagnosis of the diseases of the female genital organs is treated with clearness, and the various instruments used in the examinations described, and the manner of using them. Reference is made to the aspirator and microscope as valuable aids to a correct diagnosis.

Chapter IV. treats of the various diseases of the vulva. The description and pathology is always good, but the treatment, we think, could be materially improved by a more intimate acquaintance with the repertory of our own school.

Rupture of the perinæum is treated in Chapter V. Upon the disputed question, when shall the operation be performed, the author, after quoting the authorities on both sides, very wisely, we think, recommends an immediate operation, not perhaps as being more likely to be successful, but from its saving future trouble and complications.

In Chapter VI. the pathology and treatment of vaginismus is given. When the narcotic ointments and suppositories fail, it is recommended to introduce a glass tube into the vagina, keeping it there several hours each day, that its presence may benumb the nervous sensibility. Both Dr. Tilt and Scanzoni, two very high authorities, very justly, we think, deprecate the resort to the knife, as recommended by Sims and others. Dr. Tilt, first removing any uterine or vaginal disease, anæsthetizes his patient, and introducing both thumbs back to back, forcibly distends the ostium vaginæ for five or six minutes. He then keeps a large vaginal plug *in situ* by a T bandage for a number of days. Dr. Sims places his patient on a table, and with a pair of curved scissors excises the remains of the hymen. The inner and middle fingers of the left hand are then passed into the vagina, so as to put the fourchette on the stretch. A deep incision is then made on the right of the mesial line terminating at the raphé of the perinæum, a similar incision is then made on the other side, the two being united at the raphé, and extended to the perinæal integument, and through its upper border. After this the vaginal dilator is introduced, and held several hours a day. What success generally attends this operation we cannot say, but more than one case has come under our care where it has resulted in positive injury.

Dr. Thomas recommends entire absence of sexual congress, removal of all vaginal, ute-

rine or rectal disease, copious injections of warm water, the usual local anodynes and general tonics.

If this plan fails, introduce the blades of a trivalve speculum, and distend the ostium vaginæ thoroughly. If this fails, he removes the hymen by scissors, incises the perinæal body as it is torn in parturition, and introduces the plug, keeping it *in situ* for a week, removing it daily for the purpose of ablution.

In Chapters X. and XI. the various fistulas of the genital organs are described, and the operations which in the last few years have produced such brilliant results are carefully detailed.

The chapters on acute and chronic endometritis and chronic metritis, are full, and exceedingly valuable in their pathological descriptions. The various forms of displacement of the uterus are carefully described, and the treatment given embodies the practice of some of the best gynecologists of the present day. With all due deference to Dr. Thomas, we dissent from what seems to us a too frequent use of pessaries. That they may occasionally be used with benefit, every physician will admit, but we also believe, from a somewhat extended experience, that by the specialists in this city they are often used to the great detriment of the patient. The symptoms and pathology of cellulitis and peritonitis are very carefully and clearly given, and the homœopathic treatment of aconiti, veratrum viride, gelsemine, and belladonna recommended, and also, when there is great pain, the use of morphine or opium in sufficient doses to produce rest.

The surgical treatment of tumors of the womb is given with clearness and in detail. In cancerous affections, the treatment is almost entirely with the knife and caustic, relying upon opium or chloral to relieve pain.

In dysmenorrhea, the usual divisions are made of neuralgic, congestive, obstructions, membranous and ovarian, and the treatment is determined by the cause of the trouble. A greater familiarity with the repertory of our school would have enabled the author to have made many valuable additions to his list of remedies. In the treatment of cervical constriction, a frequent cause of dysmenorrhea, he resorts to dilation by means of sounds, tents, expanding instruments, or to incision by either Simpson's, Sims's, or the combined method. The portion of the work devoted to diseases of the ovaries and ovarian tumors, contains in addition to the author's large and successful experience, the theories and operations of other prominent specialists, when they differ from his own. We consider the work as one of the best issued from the medical press upon gynecology, and which should find a place in the library of physicians of all schools.

INFANT DIET. By A. JACOBI, M.D. Revised, Enlarged, and Adapted to Popular use, by MARY PUTNAM JACOBI. New York: G. P. Putnam's Sons, Fourth avenue and Twenty-third street. 1874.

THIS book does not pretend to be a mother's manual, nor a treatise intended to exhaust the vast topic of the development of infant life. It simply aims to answer clearly and concisely one question, upon the correct understanding of which depends so much of the child's health and comfort, viz.: "What shall it eat?" This question has often tried the mother, and exhausted all the scientific skill, practical experience, and ingenuity of the physician. In answering that question, in the pages of this book are brought to bear the careful experience of a physician renowned in the department of investigation, and of his wife, who combines the long and careful training of the medical student, with the no less important intuition and experience of the woman. They have set forth with great clearness and force the most assured facts in the possession of science, in regard to the chemical changes that take place in the infant economy during the process of nutrition, and also the means of averting morbid alterations in these changes. A treatise like this placed in the hands of every intelligent mother would sensibly diminish that terrible infant mortality which swells our mortuary record.

TEXT-BOOK OF MODERN MEDICINE AND SURGERY ON HOMŒOPATHIC PRINCIPLES. By E. Harris Ruddock, M. D.: London Homœopathic Publishing Co. For sale by all Homœopathic chemists and booksellers.

DR. RUDDOCK is one of the most popular and successful editors and authors in our school, and he has given us in his "text-book" a work of real practical value. He has shown a wide range of careful reading, and has embodied in his description of disease, its cause and pathology, the most advanced theories and facts of the present day. His treatment is

sound and practical, showing close observation and a large personal experience. The student will find it a work of great value in the preparation of his cases, and the busy physician a work of ready reference in his arduous labors. In addition to the usual department of practice we have very full and exceedingly valuable chapters upon hygiene, and accessories in the treatment of disease. The latter is full of those little things so often neglected or little understood by the physician, and yet so essential to the comfort and convalescence of the patient. The various applications of water are clearly stated, as well as other external applications which are often so beneficial. The work closes with a condensed Materia Medica, a chapter on poisons and their antidotes, and an exceedingly interesting and valuable clinical dictionary.

HAND-BOOK OF PRACTICE: Employing Concentrated Medicines, as prepared by B. Keith & Co.

THE alkaloids, resinoids, and fluid extracts of this house are more or less used by physicians of all schools, and are noted for their purity and uniform strength. This little work gives the manner of preparation, and some of the indications of the various preparations, and will often give a valuable hint to the busy practitioner.

LIFE AND LITERATURE IN THE FATHERLAND. By JOHN F. HURST. Scribner, Armstrong & Co., New York.

THIS work is of special interest, not only to the student, but the general reader; as it describes the domestic life in Germany, its schools and universities, and the writing, making, and selling of books. It also gives chapters on Germany in the fighting mood, and is the result of several years' residence in the country.

ARCHIVES OF DERMATOLOGY: A QUARTERLY JOURNAL OF SKIN AND VENEREAL DISEASES. Edited by S. Duncan Buckley, A. M., M. D. New York, G. P. Putnam's Sons, 308 Fourth Avenue, Publishers.

The first number of this journal gives evidence, not only in the attractive form in which it is issued, but in the ability with which various topics are discussed in its pages, of a healthy vitality which will insure it a long and useful life. It fills a place most needed in journalistic literature, and the name of Dr. Buckley as its editor, so long associated, father and son, with this department of medicine, is an earnest of the care and ability with which it will be conducted.

Its pages will contain original articles, transactions of the New York Dermatological Society, clinical reports, extracts and transactions, digest of Dermatological literature, etc.

Condensed News Items.

REMOVING GREASE SPOTS.—First, saturate the cloth with benzine or turpentine; then place soft blotting-paper beneath and above the spot and press well. The fat is dissolved and absorbed by the paper.

THE first public hospital was founded in Rome in the fourth century, by a woman named Rabiola, as an act of penance.

SHOW me the man who has made no errors, and I will show you one who has done nothing.

THE people who do not work make no mistakes.

MAKE it a point to be useful to humanity.

Obituary.

DEATH OF TWO FRIENDS OF HAHNEMANN.—DR. FISCHER, of Brun, one of the few remaining disciples of Hahnemann, died recently at the age of 73. Dr. JULIUS ÆGIDI was also one of Hahnemann's earliest disciples, and died after a long and painful illness, caused by stone in the bladder, at the ripe age of 79. He commenced practice as an allopath, but having been cured of a chronic malady by Hahnemann, he embraced his benefactor's principles. He was a frequent contributor to homœopathic literature, and occupied the post of physician to the Princess Frederika of Prussia. The grief which these losses occasion is happily mitigated by the appearance of so many distinguished physicians in all nations, who daily augment our ranks.

The Medical Union in Binding.

THOSE of our subscribers desiring to preserve the MEDICAL UNION in permanent form can do so by forwarding to us the separate numbers of the volume, which will be returned, substantially bound and post-paid, for the sum of $1.

Publisher's Department.

S. J. Albright, Publisher.

Office, 18 West 23d Street, New York.

Special Notice.

Will those of our subscribers who have thus far neglected to forward their subscriptions for the Union for 1874 have the goodness to do so *immediately* upon the receipt of the present number? But a single month remains before the commencement of a new year, and previous to that time we desire to balance our accounts for the current volume. We trust that each delinquent subscriber will regard this as addressed especially to him, and act promptly in response.

Martha Washington Tea-Party.

The Brooklyn Academy of Music on Tuesday evening, Nov. 24th, was filled to overflowing with one of the most fashionable assemblies ever gathered within its walls. The occasion was a Martha Washington reception, in aid of the Brooklyn Maternity. The parquette was floored over and covered with an elegant carpet. The stage was turned into a vast supper-room, the curtain being drawn up and the stage only separated from the body of the house by a silken cord passed from one proscenium box to the other. Thirteen tables were tastefully arranged, each covered with a canopy surmounted by the shield of one of the original thirteen States, Virginia, the Mother of Presidents, occupying the post of honor in the center. The effect, as could be imagined, was exceedingly beautiful.

At eight o'clock the guests marched in, headed by George Washington and Martha Washington, dressed after the manner of the Republican Court in the time of the first President. Mr. Wyman personated Gen. Washington, and Mrs. Sage, Martha Washington, both looking as life-like, as graceful, and dignified as if the illustrious persons had come back again to earth to grace the scene. Near one of the proscenium boxes was placed a dais upon which were ranged chairs which once stood in the old presidential mansion. Here the illustrious party received their guests, who passed before them, dressed in the rich and quaint habits of a hundred years ago. During the evening the floor was occupied by the promenaders and dancers, moving through the stately minuets of the olden time, promenading round the elegant hall, passing in and out of the supper-room, chatting with friends and listening to the music of the band which filled the whole house with its delicious melody. At twelve o'clock, to the sound of "Home, Sweet Home," the guests slowly vanished from the festive scene, carrying with them pleasant memories of an entertainment which, in the beauty and perfection of its details, has never been equaled, even in the city of Brooklyn. The Brooklyn Homœopathic Maternity received as the proceeds of this superb entertainment nearly six thousand dollars.

An Enjoyable Evening.

The lady directors and managers of the Woman's Hospital, at the corner of Lexington avenue and Thirty-seventh street, gave a most agreeable entertainment in the Hospital building, in aid of that institution, on the evening of the 26th inst. The rooms used for the purpose were beautifully and artistically decorated, and the entire arrangement and programme for the evening as perfect as could be asked. Amateur readings, recitations, music, etc., were followed by a collation (furnished gratuitously by lady friends of the institution) which would have done honor to Delmonico; and subsequent dancing and social intercourse carried the party pleasantly through until 12 o'clock, at which hour the visitors dispersed to their homes, more than gratified with their evening's enjoyment. As the experiment proved so successful, socially and financially, we hope to see it repeated at regular intervals during the winter months.

Cold winter is coming—poverty is here. The demands for charity will be more than usual during the next few months. Do not button your great coat so tight that it will be inconvenient to occasionally find the pocket in which your small change is deposited, in response to worthy need.

Diphtheria is unusually prevalent throughout the city. The small-pox, too, has found its way to the poor unfortunates in the Deaf and Dumb Asylum.

Business was generally suspended in this city on Thanksgiving Day. If sickness could only be as easily controlled by proclamation!

THE MEDICAL UNION.

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Original Articles.

NITRITE OF AMYL IN THE TREATMENT OF EPILEPSY.

BY H. B. WALDO, M. D.

Nitrite of amyl is a remedy to which the attention of the medical profession has been recently called by several of the allopathic journals, on account of its great power in controlling several forms of spasmodic disease. As with most other remedies, the members of the allopathic school are not agreed concerning the method of its action. In one individual it relieves congestion, and its power is referred to its *stimulating* action on the capillaries. In another person it causes a return of blood to contracted and almost empty vessels, and its action is referred, by the same physician, to its *paralyzing* power on the capillaries. In another case, it relieves a tonic spasm, and its power is referred, by this same physician, to a sedative action on the muscular system, manifested through the motor nerves.

It is thought that all these effects can be explained on homœopathic principles, and can be proved to be simple manifestations of the homœopathic law.

Dr. Crichton Browne, of the West Riding Lunatic Asylum, has reported some very interesting cases of epilepsy cured by this remedy.

"Being engaged in tracing the areas of blushing caused by nitrite of amyl in different individuals, he was struck by the fact that the degree and extent to which the blushing is manifested are greatly influenced by certain pathological states." He found that general paralytics may inhale a considerable amount without displaying any degree of flushing, even of the face, and that epileptics cannot inhale the least quantity without exhibiting extreme cutaneous hyperæmia over the face, neck, and chest (New Remedies). He was led by this fact to infer that if it could be given just before an epileptic fit, the spasm of vessels might be prevented and the fit averted.

The remedy was tried by him, and several cases are reported as having been permanently cured.

To prove its homœopathicity to epilepsy, we must first study the nature and symptoms of the disease, and then show that the primary and consecutive effects of the drug are similar to those symptoms.

Let us first study the nature of muscular contraction. The muscular contraction of paralysis, epilepsy, and kindred diseases is not caused by a stimulus propagated along the motor nerves, but is caused by the absence of the usual nerve power which gives tone to the muscle. This nervous power being gone, there is nothing to prevent the muscle from contracting by its own vital force. It is well known that in destruction of the cord permanent contraction takes place in all those muscles below the injury. Now, in epilepsy, the most plausible theory seems to be that there is a deficiency in this nervous force, and not a "hyper-secretion of electrical fluid," as was formerly supposed.

The cause of this deficient nerve-force must be sought for in a deficient supply of blood to the brain. In a series of experiments performed by Drs. Kussmaul and Tenners, two German physiologists, and described by Marcy and Hunt, it was found that when the supply of blood to the brain, medulla, upper

part of cord, and cervical sympathetic, was cut off or greatly diminished, convulsions were produced.

In ligation of the jugular veins, drowsiness and stupor, but not convulsions, follow the injection of the capillaries of the brain. On the other hand, ligation of the innominate artery produces convulsions from deficiency of blood in the brain; so, too, the convulsions of hemorrhage are the result, not of increased nervous action, but of the derangement and suspension of that action from an insufficient supply of vital fluid.

In epilepsy, then, the spasm is caused by deficient nerve-force, which, in turn, is caused by a deficient supply of blood, and this deficient supply of blood is caused by contraction of the cerebral arteries.

The middle coat of the arteries is muscular, and is supplied with nerves from the sympathetic.

It is the opinion of all the best pathologists that epilepsy is a disease of the brain, and, though it may be excited by peripheral irritation, yet the lesion is in the brain itself.

It is the opinion of Solly and Dr. Copeland that the pituitary gland is the cerebral ganglion of the sympathetic system, and hence supplies nerves to the arteries of the brain, and is primarily at fault in epilepsy. If the pituitary gland be irritated, or if irritation be conveyed along the centripetal nerve-fibers, it may be reflected on the varo-motor, musculo-motor, sensitive or tissue nerves. In the first case, contraction of the cerebral arteries would be the result, and convulsions would follow, as we have seen.

Hence, we see that epilepsy is the result of nervous irritation, which is reflected upon the varo-motor nerves, producing contraction of the cephalic arteries, causing diminished supply of blood, and irritation of the musculo-motor nerves, which manifests itself by convulsions.

In an epileptic attack, the patient at first becomes deadly pale, and tonic spasm of all the voluntary muscles occurs. The pallor indicates a spasm of the muscular coat of the arteries. After a few seconds, the color returns to the face, which soon becomes livid and purple, indicating congestion of all the vessels of the head. This symptom arises from relaxation of the spasm of the arteries and the paralysis of the varo-motor nerves, which is the result of reaction.

As soon as the circulation in the brain begins to be re-established, the voluntary muscles are relaxed and the tonic spasm assumes the clonic form. While the supply of blood is yet deficient, the nervous action is irregular and manifests itself in clonic spasms; but when congestion of the brain is established, there being no longer any want of nervous force, the spasms cease and coma results. The coma continues until the varo-motor nerves have time to recover their tone and contract the arteries to their normal size.

During the convulsion there is great difficulty of breathing and immediate suffocation seems impending. The hands are cold, the power to articulate or perform any voluntary motion is gone, the pulse is rapid, small, and feeble.

Let us now consider the action of the nitrite of amyl, and see if any similarity to the symptoms and pathology of epilepsy, as just described, can be discovered. It is a very volatile liquid, and has been considered as an anæsthetic, but this action of the drug is denied by Dr. Kitchen. Nevertheless, in a case of phthisis pulmonalis (afterwards to be described), reported by Dr. Flagg, all the symptoms of anæsthesia were produced, though probably as secondary rather than primary effects.

No article on this drug has as yet appeared in any homœopathic journal, neither is there any record of its use in homœopathic hands. No proving of it has been made, and no case of poisoning is reported, so that its applicability under the homœopathic law can only be inferred from its physiological action, and from the reports of cases cured by it, which have appeared in various allopathic journals.

That it acts directly on the sympathetic system and the varo-motor nerves is evident from the blushing which, in a few seconds, follows its administration; and again, as stated in the first part of this article, not the least amount of blushing is produced by the drug in paralytics, even though a considerable amount be inhaled. Now, in these subjects, the whole motor system of nerves being paralyzed, the varo-motor nerves cannot be made to act upon the arteries, and hence no change in the state of the circulation takes place. On the other hand, epileptics, in whom the motor nerves are very sensitive, are violently flushed by inhalation of a few drops.

The physiological action of the nitrite of amyl, as reported by Dr. Daniel H. Kitchen,

in the *American Journal of Insanity* for October, 1873, is as follows: "In a few seconds after inhaling five to fifteen drops, there is flushing of both cheeks, suffusion and redness of the eyes, giddiness, numbness and coldness of the hands, seeming loss of power to articulate, increased heat, small and rapid pulse, the number of beats being sometimes double the normal state."

It will be noticed that these are almost the exact symptoms of epilepsy, except that the spasm is wanting, and it is very probable that this would have been produced had the drug been given in sufficient quantity.

In a case of phthisis pulmonalis reported in the *Medical and Surgical Journal*, for August, 1873, by Dr. Flagg, the following symptoms were produced by our drug: "The patient's head fell back, his face had an anxious, pinched expression, *slight twitchings of the muscles of the face*, respiration became very slow, the heart's impulse was almost imperceptible."

In this picture we see that all the characteristic symptoms of epilepsy are present and have been produced by the drug in allopathic hands.

In a cat, to which I administered about twenty drops by the mouth, the following symptoms were in a few moments produced: dizziness, frothing at the mouth, spasmodic movements of the head and fore legs, violent opening and closing of the mouth, constant movement of the tongue, and in just an hour vomiting of the entire contents of the stomach, which was followed by a nap, after which the animal appeared as well as usual. The animal died in a fit just one week after taking the drug. In addition to the above physiological effects, we notice that only those portions of the sympathetic seem to be affected by nitrite of amyl which are principally concerned in epilepsy, namely, the cephalic and cervical ganglia, and the organs controlled by them. The rapid, small, and almost imperceptible pulse produced by this drug, and also found in epilepsy, is caused by irritation conveyed along the cardiac nerves, which arise respectively from the first, second, and third cervical ganglia upon each side. We also infer that the same order of pallor and flushing occurs from the use of the drug as is seen in epilepsy, and that they must be due to the same nervous condition.

The following reports of cases of epilepsy cured by this drug are gleaned from various medical journals: Dr. Brown reports "several cases in which the nitrite of amyl was administered immediately after an aura, the usual fit did not supervene; and in one case in which it was administered regularly three times a day, a series of fits from which the patient was suffering was abruptly terminated. In rabbits rendered artificially epileptic, the paroxysms were at once cut short by inhalation of nitrite of amyl."

Dr. S. W. Mitchell reports, in the Philadelphia *Medical Times*, four cases cured by inhalation of this drug. Two of them were accompanied by distinct aura. The other two were subject to spasms lasting four hours, one fit following another. In one of these cases, one fit only followed the administration of the remedy; in the other case there was no return of the paroxysm, and the cure was probably perfect.

Dr. Wm. F. Jenks reports, in the same journal, a case of puerperal eclampsia, in which the spasms were immediately and permanently overcome by inhalation of our drug.

A very interesting case has occurred in the practice of Dr. H. M. Paine. The patient, a man about forty-five years of age, has been subject to epileptic attacks for several years. They were probably brought on in the first place by over-exertion of the mind and anxiety about business affairs. The paroxysms have no regular order of recurrence, but do not usually occur oftener than once in three or four weeks, and generally not more than two or three times a year. The patient is made aware of their approach for several days by the following symptoms: He feels dizzy and stupid, and is unable to attend to business. If he sits down it is with difficulty that he can remain awake. A sensation as of pins and needles is experienced all over the body, similar to the sensation felt when the foot is asleep. Inhalation of the nitrite of amyl at first aggravates all these symptoms, but in a few moments the weight seems lifted from his brain, and all symptoms of the approaching attack disappear, at the same time a profuse perspiration breaking out over the entire body. In no instance, in his case, has the drug failed to prevent the attack which would otherwise have certainly occurred. He has used it now about a year, and has had no fit in that time.

The following case in my own practice has been very interesting to me. The patient was

a lady about sixty years of age, who had always enjoyed the best of health. The disease *may* have been brought on in her case by a hair-dye, which she had used for twenty years. About four years ago she commenced having attacks of very severe vomiting, accompanied by dizziness, which occurred once in three or four weeks, observing no regular time, however. After about a year the vomiting attacks ceased, and gave place to dizziness or regular epileptic fits, which occurred once in ten to twenty days. She would feel suddenly dizzy, and have to sit or lie immediately down. Friends said that she usually uttered a short, low cry when the attack came on, and the upper limbs, at least, were convulsed with clonic spasms. The paroxysm lasted but a minute, during which time she was unconscious. She did not sleep after the fit, but felt very weak for three or four days, and the flow of urine was considerably increased. She sat or reclined most of the time upon a couch, and hence seldom fell to the floor. Two attacks occurred while she was standing, and she fell violently. Sometimes the attacks amounted simply to a slight dizziness, and were not noticed by other persons in the room. She frequently had twitchings of the muscles of the neck and back, and sometimes of the extremities. No premonitory symptoms were present.

April 7th, 1874, I administered nitrite of amyl in the following manner: I had about a drachm of the liquid, which I kept in a three-drachm vial. I allowed her to take three full inspirations from the vial, which always produced a slight spasmodic cough, and considerably increased the number of beats of the pulse. After a few moments I allowed her to take three inspirations again, and after another slight rest three inspirations more, making nine inspirations at each administration. This I repeated two or three times a week for eight weeks, administering the drug twenty-one times in all.

Three weeks after the first administration, she had a slight dizzy spell at the table, but it was noticed by no one present, and was followed by no bad results. Since then she has had no symptoms of the disease. She travels on the cars, takes long walks, attends church, and visits friends, which she had not done before at all for over two years.

From these cases we are led to hope that our drug may prove to be a specific for epilepsy, when not dependent upon change of structure or irremediable pathological conditions.

No failure with nitrite of amyl has been reported, but no long-standing or hereditary case has been treated.

PUSTULE MALIGNE.

BY WILLIAM J. BANER, M. D.

Before giving the details of a recent case of this severe and dangerous disease, it may be well to present briefly some of the well-settled views in regard to its etiology, pathology, and symptoms—the importance of which will be keenly appreciated by any one who may be called upon to treat such a case.

1. Etiology of Pustule Maligne.

Horses, oxen, sheep, goats, donkeys, and perhaps other herbivorous mammalia, are liable to a peculiar malady to which as a class the French give the name of *charbonneux*. As it occurs here it is called by stock-raisers "*murrain*" or "*quarter evil.*" When it occurs among oxen, the French call it the "*maladie de sang.*" In Germany it is called the "*Milzbrand.*" The malignant pustule, as seen in this country, it is now pretty well settled, is generally derived from the poison generated by this disease in animals. It may not be easy always to trace the precise method by which the virus is communicated to man; but when we remember that it may be carried by the hair from the diseased animal, to say nothing of the hoofs, the flesh, or the blood; that flies and other insects may carry the poison from the diseased animal to man; that, in fact, almost any substance which has been in contact with the diseased animal may convey the malady to man, we may safely conclude that this difficulty should have but little weight. But a very curious fact has been demonstrated by M. Bourgeois, and that is that the disease cannot be communicated from man to man, or from man to the lower animals. The disease, says M. Bourgeois,* almost always attacks some exposed part of the body; and hence the frequency with which we find this pustule on the face and hands.

In the opinion of Larrey, another French writer on this subject, who seems to have seen a good deal of the disease in France, mephitic emanations, formed by the first heats of sum-

* *La Pustule Maligne et Œdème Malin.* Paris, 1861.

mer, develop in certain constitutions the malignant pustule; that is, these poisonous emanations, instead of inducing the usual malarial fevers, develop, in such persons, the malignant pustule we are considering. This, however, is the result only in such persons as are "disposed to pustular diseases."

2. Local Appearances.

From one to three days after the application of the virus a small red spot, having the appearance of a flea-bite, appears on the part. This is either preceded or accompanied by a good deal of itching. After twelve or fourteen hours more, a small vesicle appears on this spot filled with a yellow serum, the rupture of which stops the itching, while the skin beneath, after the discharge of the serum, is of a dark-brown color. In the course of twenty-four hours a fresh crop of vesicles, distended with serum as before, appears, situated in an imperfect circle around the eschar of the first vesicle. At this time the eschar is depressed, black in color, and only slightly painful on pressure. In from twenty-four to forty-eight hours from this time, frequently much shorter, the tissues beneath swell, harden, and form a well-defined, solid lump. The mortification now extends beneath the new circle of vesicles. As they are destroyed, new ones form on the outer border, while the skin adjacent reddens, and finally becomes of a livid color. As the swelling increases, œdema comes on in the surrounding integument, gradually fading away into the healthy tissue. The central slough steadily enlarges, but reaches no great extent or depth, while the swelling may become very great. This swelling is not very hot or painful; and M. Bourgeois regards the appearance of pain as a sign of returning life to the part. The course, then, of a malignant pustule may be said to be: at first a red spot, then a vesicle, then a solid and circumscribed swelling beneath, surrounded by a diffused and softish œdema, a dry, leathery, dark, central eschar, and a secondary formation of vesicles. These are the leading points in the appearances of every case.

3. General Symptoms.

Soon after the appearance of the first vesicle —indeed, these symptoms may commence with the appearance of the red spot—the patient may have a chill or chills, headache, and general depression; complains of muscular pains in every part of his body; says his bones ache; the tongue soon becomes coated with a white fur; the pulse is full, frequent, sometimes soft and compressible; the bowels constipated; appetite gone. These symptoms are followed by vomiting, fainting, difficulty of breathing, loss of sleep, coldness of the surface, sometimes, though not often, delirium, failure of the pulse, and finally the patient dies in a condition resembling collapse. It generally runs its course in from four to nine days.

4. Treatment.

The treatment of *pustule maligne*, under the old school, is exclusively local in the first stages, and consists of either deep crucial incisions or applications of the actual cautery, or both, while the system is sustained by beef-tea and stimulants. Under homœopathic treatment, the application of a caustic has, I believe, been found indispensable to success; but, in addition to this measure, the internal administration of the appropriate remedy has been found equally indispensable. The following case will illustrate the general direction and character of the treatment; and though the disease is always dangerous and intractable, these measures seem to afford good ground of hope for a successful result:

5. Case.

Nov. 21*st*, 1874.—Called to Mr. L. A. P., æt. 27, a clerk, unmarried, with sallow complexion, black eyes, bilious temperament; complains of a pimple on upper lip, one-eighth of an inch above its vermilion border, on the left side; twenty-four hours before, he says, this was only a little red spot; thought he had been bitten by an insect; it is now a small dark-red vesicle; this morning had a severe chill; running up from this vesicle, and extending nearly to the eye, was a faint flush of redness; complained that this flushed surface was very hot, and expressed the fear that this would soon be involved in the disease—"that he might lose his whole cheek;" has severe pain in head; tongue heavily coated; breath very offensive; feels nauseated; no appetite whatever; is very much constipated in bowels; pulse 128; heat in axilla 103. I made a solution of *Rhus tox.* in water, and gave him a dessertspoonful at once. As soon after this as I could get a stick of lunar caustic I commenced a thorough application of this caustic to the vesicle. On my second visit I found

the red flush up the cheek was increasing in intensity; the pulse was three beats higher; the pain in head more severe; outside the original vesicle three or four others had made their appearance. I gave him *Bell.* in solution, and continued the cauterizing with greater thoroughness, teaching his mother how to apply it in my absence.

At my early morning visit next day, the 22d, the pustules, though aborted by the caustic, had continued to increase. In the center of the lump, which now extended beyond the vermilion border below, and half an inch beyond the left ala nasi above, was a hard, leathery, dark, painless mass. Continued the cauterizing, and returned to the *Rhus tox.* in solution.

At my midday visit signs of sloughing were apparent; the general symptoms were even more severe; had occasional fits of muttering delirium; pulse 130; heat 104°; continued the *Rhus*, but alternated it with *Hepar Sulph.* in powder—a dose of one or the other every hour; continued the cauterizing. At evening visit continued this treatment. The morning of the 23d the general symptoms were rather better; fever less; skin not so hot. Held off the caustic a little, but continued the *Rhus* and *Hepar*. In the evening not so well again; pustule had become painful; complained of throbbing pain; fever had increased; heat of skin the same. Resumed the cauterizing, and continued the *Rhus* and *Hepar*. He passed a poor night, but next morning (24th) the fever was less; pain less; the pustule was now sloughing. Continued the treatment without change all day. Has still no appetite; food sickens him. Morning of the 25th, the patient looks badly; feels faint; pulse 108; gave him milk punch and small sips of beef-tea, which he bore well: continued *Rhus* and *Hepar* and cauterization. This course was pursued without material change till the 30th, when the pustule had a clean and healthy look. He was well fed, and all his functions are now becoming natural.

THE council of a new college recently opened in London for the medical education of women includes the names of the following eminent physicians and physiologists, many of whom are also lecturers in the institution: Charlton Bastion, Ring, Chambers, Hughlings Jackson, W. L. Playfair, and Burden Sanderson.

THE WHOLESALE PRESCRIPTION BUSINESS AND MACHINE-MADE MEDICINES.

BY A. K. GARDNER, M. D.

RECOGNIZING, without discussion, that the diagnosis of disease is the first and most essential point in medicine, we desire that the administration of the proper remedies or curative medicine holds an important, if not the second, place. Now, it is not a name that we are going to give to the patient when actually at the bedside of the sufferer. In the lecture we prescribe the names of things, and the student writes them down in his note-book for future reference. At the side of the couch the name we write upon our prescription papers we suppose to be actual substances, in such quantities, and of such a quality or potency.

In the olden times of New York, the prescription was filled at the private pharmacy of the physician by his students, or by himself on his return from his round, possibly made up out of his capacious saddle-bags. Be this as it might be, the point to which we have arrived is this, that the doctor actually knew what and in what quantities his patient received.

Twenty-five years ago the prescription went to a drug-store selected by the physician, who had given up his private pharmacy, and then the prescription was compounded by the apothecary, who himself weighed carefully and measured scrupulously the various ingredients, made his mixtures from his own self-made tinctures—made his pills from his own carefully examined drugs, duly weighing each one. Thus the physician, knowing the honesty of his Rushton, Meakim, or Coggeshall, was confident that his prescription was duly made, subject only to the accidents to which human nature is liable.

How is it to-day? Tinctures are manufactured *en gros* by grand down-town folk, and "jobbed" by the quart and gallon. Pills are made by machinery, and elixirs boiled down by Patrick, bottled and labeled by Biddy, and boxed and expressed by the youngest clerk. Who vouches for these medicines? There are several "middlemen" between the maker and the patient. Where does the actual knowledge of the ingredients of a pill or a drachm of extract begin? Where does this knowledge end?

In one establishment of which I was person-

ally cognizant, the single proprietor bought the ingredients—and generally the best; his clerks filled all orders under his supervision, by John, who alone had the recipe, weighed every hundred pounds, measured every gallon of fluid, boiled and stewed and simmered as he chose, subject to no supervision, and only required to keep the supply up. Now, I had faith in this Mic who could do little more than read and write—who had never had a lesson in pharmacy or materia medica, and who probably could do no other thing about the premises, save and except to boil these extracts. You, my reader, didn't know John. Have you faith in him?

How is it with other extracts and drugs—what test is there of their excellence, their purity, their weight?

Let us look at the dragees so fashionable today. The makers even quarrel among themselves and tell you that "sugar-coated" means white-coated, that sugar won't stick to wet pills or gummy pills, or scarce any form of pills, and that therefore they are first covered with some insoluble chalk, and afterward washed over with thin sugared gum-water—with the result that their coating is never soaked off in the stomach and bowels, but pass through the intestical canal like bird-shot and cherry-stones.

But a greater objection remains. Many of these wholesale made medicinal preparations are gigantic frauds and cheats, against which the patient and even the profession are powerless.

With the retail druggist we are comparatively safe. We know him personally, and that knowledge gives us confidence in his medicines. If he makes us a scruple of quinine into twenty pills, we are morally certain that he has a grain of this alkaloid in each pill. We trust to the honesty of a man we know. More than that, we trust to him because his temptation to a fraud is covered by a few cents. How is it with the great dragee-maker? How easy is it for him to hand a quantity of material to Patrick, and say, "Make me fifty or a hundred thousand dragees of this"—and this done without even Patrick's necessarily knowing the main ingredients, and a grain or a half grain in each dragee omitted will amount to a very appreciable sum, and at a single cent for each grain the gain is $500. Can poor human nature withstand such a temptation day after day, and year after year?

A government expedition, that had some of its chemicals examined *after* its return, found some of its quinine dragees to have less than a half of the alkaloid in them. I have personally, this last season, taken over a hundred two-grain dragees (in ten and twelve grain doses once a day), and have never felt any quinineism. Formerly, this quantity in the dragees of Garnier & Lamoreux would make my ears ring, etc.

Elixir of calysaya and the pyrophosphate of iron is a favorite prescription of the day. I doubt not that there is full weight of iron in it. But is there a grain of quinine to every teaspoonful? I am not a chemist, but I know the effects of quinine. I have taken enough myself, and prescribed enough to convince me.

The fact is, that the prettiness of the surroundings of these forms of medicines are attractive. We are humbugged by the labels and the fancy wrappers; we are overcome by the importunities of our patients, who want only attractive-looking and imaginative sugar-coated medicines. We forget that medicines are not candy; that they are given to cure disease, and not to tickle eye, ear, or throat. I, for one, am coming back to first principles, and won't trust I don't know who; but somebody surrounded by temptation such as I wouldn't wish to be tempted with in this age of Tweeds and money-grabbers and admirers of wealth—in this day of little probity, when to seem is as good as to be. I am going back to the good old ways, and shall know no wholesale medicine makers who live in palaces perhaps hundreds of miles away, who may be the best of men and the honestest of pill-makers, but whom I don't know and can't know.

But I will make two exceptions. Garnier & Lamoreux, of Paris, have made dragees and granules for twenty-five years, and I have used them all that time. I always have found them right. I shall continue to use them, and prescribe for them in the faith thus founded.

Finally, I shall use Squibb's medicines of every sort and kind in the fullest of faith. I haven't seen him in five or ten years; but once to know him is to know him forever as the most honest of men. He may be a fool—anybody who chooses may try to make out that point; but I, backed by the whole profession in this, if in nothing else, assert he is no knave, and that his preparations are "square."

THE TINEÆ, OR VEGETABLE PARASITIC DISEASES OF SKIN.

BY P. E. ARCULARIUS, M. D.

1. Tinea Circinata (ringworm of body).
2. " Tonsurans (ringworm of scalp).
3. " Kerion (modification of former).
4. " Tarsi (ringworm of eyelids).
5. " Onychia Parasitica (ringworm of nails).
6. " Decabrans (alopecia-ana).
7. " Versicolor (chloasma).
8. " Sycosis (mentagra).
9. " Farosa (farus).
10. Mycetoma (Madura foot of India).

All due to presence of parasite, the first five being due to growth of Tricophyton Tonsurans. The microscope has revolutionized the study of dermatology, for in these parasitic diseases not only are we obliged to depend upon it for diagnosis, but also for treatment in regard to its nature and duration. Thus the microscope is an all-essential prerequisite in our investigations. Thus by its instrumentality old names are dropped and new ones substituted, as Tinea Circinata for Herpes Circinatus—Tinea Tonsurans for Herpes Tonsurans—Tinea Versicolor for Pityriasis Versicolor,—*Tinea* being the generic title for all parasitic diseases, and meaning a worm or moth. The general appearance of these fungus growths upon the skin is dry and scaly, and so, too, upon the hairy parts, with this addition,—looseness and brittleness, and breaking-off of hairs. The microscopic appearances of the fungus itself show its structure to be composed of—1. Conidia or Spores; 2. Chains of same; 3. Mycelia; 4. Stroma. These spores are found floating in air of school-rooms, where disease is prevalent, and thus, or by contact, introducing themselves beneath the skin through the natural openings, or hair follicles, or through fissures, or through traumatic lesions. Again, these diseases are communicated to man from the lower animals —the mouse gives them to the cat, and the cat in turn to the child. There is a peculiar condition of skin which favors growth of fungus, for it will not grow upon a healthy surface; also after active growth has ceased the skin will accustom itself to the presence of the parasite. Besides all this, there is a constitutional condition predisposing to the propagation of the fungus diseases, viz., a condition of non-assimilation, of anæmia with pale, pasty complexion, enlarged cervical glands and disordered bowels. They are most prevalent with children.

The treatment embraces, therefore, a comprehensive view of the *whole* situation,—the fungus, the local irritation, and the constitutional dyscrasia. Hence, in addition to the proper homœopathic remedies, which, with suitable diet and necessary attention to hygienic demands, complete the general treatment, some care must be bestowed upon the fungus, with its accompanying irritation and alteration of skin structure, some parasiticide being used to check its growth and prevent its spread to other individuals. This is, of course, all-important in schools, where these diseases sometimes prevail as an epidemic. The microscope will alone determine accurately when a cure has been effected.

Digestion and Absorption in the large Intestine of Man.

Czerny and Latschenberger have lately had the opportunity of examining the physiological processes taking place in the large intestine, in a case in which the inferior segment of the alimentary canal, corresponding to a length of about 12 inches, was not continuous with the upper part. The absorbing surface was estimated at about 240 square centimetres, and the cubic contents at 154.5 cubic centimetres. Under the pressure of a column of water 40 centimetres in height the portion of intestine would contain about 200 cubic centimetres. The method of research consisted in introducing the fluid or other substance to be examined into the upper opening through a caoutchouc tube, and after a determinate time again withdrawing it by aspiration, and washing out the cavity with pure water. A comparison was then made between the fluid injected and that withdrawn. In the researches on digestion, sharp-angled fragments of albumen were introduced, but neither these nor portions of fibrin exhibited any indications of having undergone digestion, and there was no formation of peptones. Fat was not emulsified, nor was starch converted into sugar. Even after a period of two months and a half, pieces of albumen were only eroded at the edges. In regard to absorption, about 40 or

50 grammes of water were absorbed in about seven hours. The albumen of the egg, in a state of solution, could also be absorbed to a considerable extent. The addition of common salt materially prevented absorption of the albumen, and if much were added the intestines contained more fluid than before, as a process of exosmose was established. Both fat and starch paste underwent absorption to some, though not to any great extent. In 24 hours only 90 grains of albumen could be absorbed at most, a quantity wholly insufficient to support life.

The Pathology of General Paralysis.

Prof. Ludwig Meyer, of Gottingen, contributes to *Virchow's Archiv*, Aug. 1873, a paper on this subject. With most observers the author looks on general paralysis as a general chronic inflammation of the brain and its membranes, and in other communications he has sought to confirm this view by records of temperature, etc. In the present paper he goes on the basis of pathological anatomy, and tries to show that there are the anatomical characters of an inflammation. He has examined twenty cases in which the disease was comparatively acute, and in which death took place at a comparatively early period, so that an opportunity was afforded of examining the brain at the outset of the pathological process, and before the occurrence of degenerations which might be secondary. A brief history of these twenty cases is given, and the usual symptoms where at first headache, then maniacal outbreaks like those of fever, delirium, and sometimes death occurred before the development of general paralysis. The brain was examined microscopically after the fresh tissue had been macerated from 12 to 24 hours, in a weak bichromate of potash or chromic acid solution. The author believes the inflammation to be rather what might be called interstitial, that is to say, it does not affect the nervous elements directly, but rather the vessels and their neighborhood. He found the vessels, especially the smaller arteries and veins (transition vessels), surrounded by collections of cells. This existed first in the cortical substance of the cerebrum, but in later stages penetrated to the medullary. The inflammatory new formation was not homogeneously disturbed, but seemed to affect numerous minute centres. In accordance with these minute characters the brain, to the naked eye, presented swelling and vascularization of the cortex. This then seemed to be the primary lesion, but it was followed by various other changes chiefly in the direction of degenerations. The vessels especially were commonly the seat of degeneration, fatty, calcareous, or sclerotic. There were also in some cases partial dilatations of the vessels, sometimes amounting to fusiform aneurism. In respect to the proper nervous tissue, he found it in early cases unaltered, but later on there was commonly atrophy, and a granular condition of the ganglion cells. There is not, as Meschede asserts, a primary or fatty-pigmentary degeneration of the ganglion cells.

[Communicated to the Medical Union.]

THE APPOINTMENT OF STATE BOARDS OF HEALTH. EFFORTS OF THE ALLOPATHIC SCHOOL TO SECURE LEGISLATION IN ITS OWN INTERESTS.

BY H. M. PAINE, M. D.

During the past few years the investigation of the preventible causes of disease has been industriously pursued, on the part both of the profession and the municipal authorities of nearly all the cities and larger towns throughout the country. To the indefatigable labor of a large and rapidly increasing corps of scientists, in this special department, is directly traceable comparative immunity from some fatal diseases, and an appreciable diminution of the former severity of many others. Efforts put forth with a view to the lengthening of human life, and of diminishing the amount of human suffering, are worthy of special approval and generous support. During the early periods of sanitary reform a greater part of the labor was performed by non-professional experts; but more recently the work has been intrusted, quite naturally and properly, to the care of the medical profession. While confined chiefly to the laity, the development of this beneficent department of research seemed to be uninterrupted and harmonious, but since its assumption by the medical profession discordant elements have been introduced; particularly since it has become plainly apparent that, by means of this measure of sanitary reform, the adherents of one system of medical treatment are seeking to acquire a degree of governmental authority, which, if successful, their rivals are confident, will be

used to the support of one system and to the great injury and possible destruction of the other.

Hitherto legislation, in nearly all the Northern States, has placed the representatives of both systems on the same legal footing. Each has its State and local medical societies, its medical colleges, and its public and private institutions. This normal condition has continued so long that the people consider one system as worthy of confidence and support as the other. With this condition we are content. We believe that if this relative and equal legal status is allowed to remain undisturbed, a major part of the medical colleges and public institutions will be ultimately placed under homœopathic control; in any event, we are willing to await the result. But it appears that our opponents are doubtful of the final success of their own system. They are not disposed to quietly witness the steady encroachments of homœopathy without putting forth a final effort in behalf of the interests of their own school; and this is being accomplished under the guise of law, and is artfully made to appear to spring from and meet with public approval. Being more thoroughly acquainted with political management, and having the assistance of the whole influence of the medical department of the army, they believe this contest will prove an unequal one; and they confidently anticipate speedy and complete success.

At the annual meeting of the American Health Association, in November, 1873, the old organization was dissolved and a new one formed. The purposes which prompted this change, and the method by which it was accomplished, are by many persons considered questionable in the extreme. Whatever the purposes were, it is evident one of them was, the entire exclusion of homœopathic representation. There were, in the executive committee of the old organization, liberal allopathic physicians; those who were willing to admit to membership all reputable physicians without regard to therapeutic belief. But lest these noble and disinterested sentiments should prevail; and lest a truly Catholic basis should be established, one on which all could unite who are interested in promoting sanitary reform, a dissolution of the old organization was effected. The executive committee of the present association consists of *rigid* sectarians in medicine. All of them are allopathic physicians, and several of them are army surgeons. Their illiberal decision last year excluded from the association an honored member of our profession; and their rulings in every instance will exhibit the most determined opposition to homœopathic representation or recognition. The inspiration of this movement springs from surgeons connected with the military department of the army. It is despotic in form; illiberal in spirit, and uncharitable in principle. It is opposed to the genius of American institutions, and ought not to be tolerated by the people. Its ostensible object is the welfare of the people, while its real purpose is the *extension* of power. It is artfully put forward as if originating with and demanded by the people; and it is skillfully managed in such a manner as to secure the appointment of allopathic physicians only to the numerous public offices created by the new law. Its animus is clearly revealed by the structure of the executive and all important committees, the membership being composed only of allopathic physicians. While professing to act in behalf of the people, the managers are shrewdly controlling the movement in their own interests, and the interests of their own school of medicine exclusively. The members of the homœopathic profession in this country are not aware of the imminent danger in which they and their school are placed by this *new departure* on the part of their antagonists. The success of this allopathic scheme will result in the establishment by law of a medical department of the government, nation, and State, and the appointment to all the offices thereby created of allopathic physicians. The allopathic or "regular" practice, so called, will be recognized by the government as the only one worthy of confidence regarding all sanitary matters. All homœopathic institutions will be placed, to a certain extent, under allopathic surveillance; and can we, in this event, hope for fair and impartial action? Under the present administration of the State Board in Canada, composed of allopathists and homœopathists, in the proportion of four of the former to one of the latter, homœopathy as a distinct system is being gradually and most effectually "squelched out," in the significantly expressive language of one of their leaders of the allopathic school. A State Board of Censors has been recently established in Texas. It is composed of three allopathists and two homœop-

athists. One of its first acts was the adoption of a rule prohibiting practice except by graduates from medical colleges entitled to representation in the *American Medical Association.* These acts of illiberality will be repeatedly witnessed whenever allopathists are clothed with governmental authority. It is of vital importance that, in the construction of the new law creating State Boards of Health, *equal* representation be expressly provided for. Past experience indicates that boards in which homœopathists represent a minority are not practically advantageous to the homœopathic school. The form of the act for creating State boards of health presented to several State legislatures contains no reference by name to the representatives of either school of medicine. Without doubt, this form of phraseology has been artfully adopted by the authors of the bill for the purpose of preventing the appointment of homœopathic nominees. The bitter hatred of homœopathy on the part of allopathists will constantly stimulate them to put forth very great effort to monopolize all the appointments under this law. In order to secure this result, they will bring to bear on the governors of the several States all the political influence they can command. The allopathic school has, and no doubt for many years will continue to have, great numerical and political advantages. It is morally certain, therefore, that unless special provision for *equal* representation of the two schools by name is made in the law, all, or nearly all, of the two hundred medical appointments to be made will be selected from the ranks of the allopathic profession.

The presentation of bills almost identical in form to several State legislatures during the past winter, to create State Boards of Health, indicates an organized plan on the part of designing allopathists, in the interests of their own school, to secure exclusive control of all sanitary matters, State by State, throughout the Union. In fact, this well-arranged scheme was boldly announced in the following terse and unmistakable language, by Dr. Stephen Smith, President of the American Public Health Association, in his address at the meeting of the association, held in Philadelphia, Nov. 10–12, 1874. He states: "Those who have carefully observed the progress of events during the past few years must have recognized a new element in our political system, which is destined to become *a power of no mean import. I refer to the Public Health service. In every State the agitation has begun, which can only terminate in the incorporation of this new element of administration into State and municipal government. Already, in seven States, has State medicine found an abiding place in the central government.* This great and salutary reform was accomplished by the *gradual assumption of duties* which the State and the people recognized as of vast importance to the public welfare." He further declares that "every State ought, under the guidance of competent medical authority, to *take charge of all the schools of medicine and surgery within its borders, regulate their courses of study, and confer degrees upon candidates, and thus establish a standard of medical qualifications.*" A recent number of the Philadelphia *Medical and Surgical Reporter* contains a very favorable notice of the practical execution of the new law in Michigan, and recognizes it as a *State system of medicine.*

Regarding this unwarrantable attempt to monopolize governmental recognition and support, and to arrogantly assume that to themselves alone should be intrusted the sole management of all matters pertaining to public health and medical education, the New York *Tribune* of November 13, 1874, pertinently states: "The relations of the State to the medical profession present a subject of acknowledged difficulty. Dr. Stephen Smith's paper on this subject, delivered before the Public Health Association yesterday, serves to point out the importance of the questions involved. We all admit the need of a standard of education among medical men, and it is obvious that the laws should suppress ignorance and quackery when assuming the guise of the profession; but while doctors disagree, and men of learning denounce each other's systems, *the State must hesitate about conferring exclusive sanction* upon any school of medicine, or any body of the profession."

During the session of the last Legislature of the State of New York, vigorous attempts were made, in the special interests of the allopathic school, to secure the passage of an act creating a State Board of Health. The form of this bill proved, on careful comparison, to be similar to that presented to several other State legislatures. Frequent and persistent efforts were made during nearly the entire session to promote its progress by the friends of the bill, especially by the allopathic physicians in the Legislature.

While its opponents, chiefly adherents of homœopathy, conceded that the objects designed to be accomplished by the act were important, and, if faithfully carried out, would result in great benefit to the people, they were opposed to the *method* by which its provisions were to be enforced. They admitted that the Board could, by means of well-organized effort, obtain a vast amount of data, from which, in a few years, there might be deduced important general principles regarding the causes and prevention of zymotic diseases, the origin and progress of epidemics, and the elucidation of many undetermined and perplexing questions regarding vital statistics. But they were unwilling to intrust to the representatives of the allopathic school the exclusive control of matters involving associations so intimate and important; matters having a direct bearing upon the health, the longevity, and the general sanitary condition of the people; matters immediately connected, also, with the advancement of medical science and with the interests of all the members of the medical profession, without distinction. They were not disposed to allow so extensive and inviting a field of research to be controlled by a department of the State government in the interests exclusively of one sect in medicine. Neither were they willing to uphold the government in an effort to create a new State department, and place it in charge of their life-long opponents, thereby extending to the allopathic school a form of quasi indorsement and recognition quite incompatible with the self-respect and dignity of the adherents of the homœopathic school. They demanded that the new State department should be filled by an equal representation, *by name*, of the two principal schools of medicine, and that this provision should be so plainly stated in the law, that the Governor could not, if disposed, make selections exclusively from the adherents of either of the two rival systems.

The law confers on eight persons, named "Sanitary Commissioners," very great power. Its provisions are exceedingly broad and comprehensive. It requires the Commission to take cognizance of the interests of health and life among the people; to make inquiries in respect to the causes of disease, especially epidemics; to investigate the sources of mortality, the effects of localities, employments, and other conditions, upon the public health; to collect and preserve information concerning health, diseases, and deaths. All local Boards of Health in the State are required to report to it. Its own records and proceedings are to be promptly published and furnished to the several local boards. The Commission is authorized to *require* reports and information from all public dispensaries, hospitals, asylums, infirmaries, prisons, schools, public institutions, and of the proprietors of all places of public resort; also, when its opinion is desired, advise officers of State, county, or local government in regard to the location, drainage, ventilation, and sanitary provisions of any public institution, building, or public place. The Board is required to co-operate with the Health Officer of the Port of New York, the Commissioners of Quarantine, and all other sanitary authorities in the State, in efforts to prevent the spread of disease, and for the protection of life and the promotion of health. The Board has the right to employ experts to render sanitary service, and to make practical scientific investigations, to prepare plans and reports, at an annual expense of not more than five thousand dollars. The law requires all boards, officers, and agents of any public structure, work, ground, or erection, to *facilitate* the examination and inspection by the State Board of all public structures, buildings, grounds, or places. The law further provides for a thorough system of registration, throughout the entire State, of births, marriages, and deaths. The Board is required to prepare the necessary forms of blanks for general distribution. It is constituted by the law a State Bureau of Vital Statistics, and authorized to recommend such amendments as shall be deemed necessary for the thorough organization of this department; the Comptroller to furnish the necessary apparatus, stationery, and clerical help. The Board is required to report annually to the Governor on the vital statistics and sanitary condition and prospects of the State; to set forth its own action, and that of its officers and agents, for the year; also to report other useful information. The Board is required to suggest such further legislation as may be necessary for the better protection of life and health. Its meetings are to be held quarterly, and, if necessary, at shorter intervals, and, unless otherwise ordered, in the city of Albany. The total expenditure is not to exceed eight thousand dollars.

This law really provides for the establishment of a new department of government. It

creates a commission, consisting of four physicians, who, with the Attorney-General, the Comptroller, and State Engineer, shall have supervision of vital statistics, and all sanitary matters in the State. All local boards are made auxiliary to it; all hospitals, dispensaries, prisons, asylums, and schools are required to report to it; all grounds, erections, vehicles, structures, apartments, buildings, and places are to be entered, examined, and surveyed, at the pleasure of the Board; and in future all legislation having reference to the health of the people is to be secured through its instrumentality.

A cursory view of the scope of this act shows that the amount of labor to be performed is unlimited; that its power and resources are very great; that the objects it is designed to accomplish are vast and important; and that, if the trust is faithfully executed by the Board, the good results to the people and the profession will be incalculable.

While we freely admit that the law, properly amended, is worthy of our cordial approval and support, we earnestly protest against its enactment in its present form.

As a matter of exact and impartial justice to the adherents of the two dominant systems of medicine, and as enlightened and honorable members of a liberal profession, we respectfully request the insertion of such amendments as shall provide for *equal representation by name of the allopathic and homœopathic schools.*

The following propositions are offered for consideration:

First.—At the late meeting of the American Public Health Association, a committee was appointed to collect facts and data regarding public hygiene in the principal towns and cities of the United States, also copies of the laws and regulations, State and municipal, relating to the same subject.

Second.—That the committee consists of twelve allopathic physicians, nearly all of whom are, or have been, connected with the medical service of the regular army.

Third.—That this committee is authorized to add to its membership such other persons (probably allopathic physicians) as it may deem expedient.

Fourth.—That a committee consisting of three allopathic physicians was appointed to prepare a project of a law for establishing State Boards of Health.

Fifth.—That a resolution was referred to the Committee on Legislation to appoint a committee to petition Congress during its present session to create a United States Bureau of Health, to be located at Washington, with a branch at the seat of each State and Territorial government.

Sixth.—That a resolution was also referred to the Committee on Legislation to urge upon the Governor and Legislature of every State in the Union the importance of enacting laws creating State Boards of Health, and providing adequate measures for sanitary administration throughout each State.

Seventh.—That in seven States have State Boards been created, and are at the present time under exclusive allopathic control. Every one of the twenty-eight medical appointments under this new law in these seven States is an allopathic physician.

Eighth.—That this scheme has been maturing for months past; that what has recently transpired at the late meeting of the American Public Health Association was foreshadowed in articles published several months ago in allopathic medical journals, showing well-organized plans for establishing a new department of government, and for monopolizing all the offices thereby created; and probably ultimately assuming control of all educational as well as sanitary matters.

Ninth.—That it is the design of allopathic physicians, as stated by President Smith in his address, to "incorporate this new element of administration into State and municipal government."

Tenth.—That "this new element of our political system is destined to become a power of no mean import."

Eleventh.—That while this movement is ostensibly put forth as having originated with, and as conducted by and solely for the interests and welfare of, the people, it really originated with, and is scrupulously confined to, designing allopathic physicians, most of whom are connected with the medical service of the army.

Twelfth.—That this trades-union monopoly is to be established as speedily as possible in every State of the Union.

Thirteenth.—That we are assured by President Smith that "the agitation of this subject has begun in every State, and can only terminate in complete success."

Fourteenth.—That "this new element of

administration" is significantly styled a "State System of Medicine."

Fifteenth.—That it is evidently the purpose of our opponents to establish the allopathic system of medicine by law by legalizing the use of the word "regular."

Sixteenth.—That there is good reason for the belief, that, in addition to the control of sanitary matters, our adversaries hope ultimately to assume entire supervision of medical education under the specious advocacy of establishing a uniform standard of medical education.

Seventeenth.—That the dissolution of the old Public Health Association in November, 1873, which admitted a lay homœopathic element to its executive management, was effected chiefly for the purpose of organizing a new association, whose management should be controlled exclusively by the allopathic medical profession.

Eighteenth.—The following are among the more prominent objective points attempted to be secured by our allopathic rivals:

1st. The establishment by law of "State medicine."

2d. The legal adoption of the word "regular," as applicable to the allopathic school only.

3d. The prestige and influence acquired by the creation of a new medical department of government, and the advantage gained by assuming to be the only physicians competent to receive appointments.

4th. The entire control of all sanitary matters, and probably ultimately the supervision of medical education and practice.

Nineteenth.—That the numbers of the homœopathic profession and of the adherents of the homœopathic system are now sufficiently large and respectable; and, moreover, the homœopathic system of practice is now so widely known and so thoroughly established in the public confidence that the homœopathic profession is fairly entitled to equal representation in all the public offices created by this new medical law.

Twentieth.—That in this contest we must aim at nothing less than equal representation with allopathists in all the offices and places of trust created by these new laws, for the reason that without such equality of representation a board composed wholly of allopathic physicians would not only be partial to allopathic interests, but would be inclined to use their power to the detriment of homœopathic interests and institutions. On the other hand, propositions for separate organizations could not be seriously entertained for at least one important reason, viz., two health boards in any city or State having co-ordinate powers cannot exist. A conflict regarding jurisdiction would at once arise.

The homœopathic profession in this country will find it necessary, in order to frustrate the deeply laid plans of their opponents, to make use of any and all proper measures, immediately, vigorously, and persistently, for the accomplishment of this important object. It is one in which their interests and the interests of the system they represent are deeply and permanently involved. The passage of this law in its original form would be in the highest degree injurious to the standing and dignity of the adherents of homœopathy. It would be equivalent to the admission that they are not qualified to associate on an equal footing with their allopathic confrères.

Assistance may be rendered—

First—Individually, by personal effort and by correspondence with their respective members of Congress and of their State legislatures, urging them to support the proposed amendment.

Second—Collectively, by State, county, and local societies, by the adoption of appropriate resolutions, and by the appointment of special committees, to personally or by correspondence endeavor to induce their respective members of Congress and of their State legislatures to vote for such health laws as shall not only not debar educated physicians from appointment on account of any received opinions regarding therapeutic belief, but shall require the appointing power to make selections in as nearly equal numbers as possible from the representations of the homœopathic and the allopathic schools.

Third—By preparing and forwarding to their representatives in Congress and in the several State legislatures a suitable form of remonstrance and petition, signed by homœopathic physicians and their friends, and by officers of medical societies and institutions.

Fourth—By furnishing Dr. T. S. Verdi, of Washington, or any member of the committee with any items of information regarding this subject that may be deemed of importance.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

SECULAR AMUSEMENTS.

As man's spiritual and physical growth are so closely interwoven—locked in the same form, and yet to a certain extent distinct—it would only seem natural that there should be a harmony of thought with those whose duty it is to care for his spiritual and physical organization. If either the spiritual or physical body violates the laws of its organization, the other, to a certain extent, is almost sure to feel its malign influence. Hence, the clerical and medical professions should walk hand in hand, both striving for the spiritual and physical good of those who look to them for guidance in the right path. We often find them, however, in their instructions directly at variance. Whilst both are, perhaps, equally honest, are both equally intelligent and equally conversant with the real facts which should form the groundwork of their advice?

The graceful movements of the dance contribute much to the healthful exercise of the body, and still more, when confined to proper limits, to those personal graces of both mind and body which add so much to the charms of social life. Is there any valid reason why life should not be made cheerful and happy by these amusements, which are only evil when abused and diverted from their legitimate aim? The human mind is so constituted that its healthful growth demands, and will have, amusements. The hard realities of life must be lightened by sunshine, or the mind loses its elastic spring, its healthful, cheerful human tone, and contracts into a shell of bigotry and intolerance. Shall amusements, then—harmless in themselves, capable, if confined to proper limits, of vast good in their refining influence upon the mind—be frowned upon by the so-called religious world because they may be perverted to a bad use, because they may pander to prurient tastes, and lead to evil associations? The minds which could suck in evil from the grand moral lessons and historical pictures presented upon the stage, and which would close the doors of the theater and the opera because they sometimes pander to depraved tastes, could find something to feed their prurient imagination in the most solemn lessons of life and the most artistic forms of beauty. These are the minds which would drape the marble statues because the sculptural beauty and grace of the human form might excite evil thoughts. As well might they close the doors of some churches because some men and women congregate there to throw around themselves the garb of sanctity, that they may more easily work their evil designs, and because, too, the lessons which are often taught from the pulpit are not the lessons of love and charity and good will to men, inculcated by our Divine Master.

Are the majority of secular amusements, such as the theater, the opera, etc., in themselves evil, or are they opposed by our moral teachers because of the excrescences which may become attached to them, but which of necessity form no part of them? Let us understand this question thoroughly. Let us have an argument based, not on assumption, but facts. We of the medical profession have no desire to trifle with the holiest interests of humanity, or peril the future of the soul. We find the theater, the opera, and various other amusements, of great help in our medical treatment, ministering to a mind diseased, and often dispersing the cloud of gloom which

sometimes rests like a pall upon the soul. Deprive us of these helps, and you take away from us some of our most powerful weapons in the treatment of mental disorders. If they are wrong, if their lessons are evil, we must know it; and we appeal to you, our moral teachers, our co-workers in the great field of man's happiness and the world's regeneration, to show us our error, that we may hereafter walk hand in hand in our influence and our advice. Give us facts, however—such facts as the physician would demand in making his diagnosis, or as would satisfy a court of justice.

If we are not wrong, if you have misunderstood the real merits of the case, drawing your conclusions from hearsay testimony, from one-sided statements, much of which is entirely false, then confess openly that you have been mistaken, and go openly, as you would to the church or the prayer-meeting, to the theater and to the opera. We believe the pictures of life you would see there would infuse a brightness and freshness into your own teachings.

Let there be no antagonism between our two professions, but let us honestly and zealously help each other.

DIPHTHERIA.

Dr. Lewis Smith, in a paper recently read before the Health Association, takes the ground, by no means new, that diphtheria is produced by "*bacteria*," or minute particles of a certain kind of vegetable matter, which communicate the poison to the mucous surfaces, as they are inhaled with the atmosphere. It does not seem that microscopic and other scientific tests have by any means placed this matter beyond dispute; and until we are in possession of more satisfactory evidence than has yet been produced we shall be strongly inclined to doubt its truth. No one doubts the fearful power of infinitesimal particles of animal and vegetable matter, floating in the atmosphere, of poisoning the system, and producing diseases so malignant as to baffle human skill; but in those cases the poison produces its depressing influence on the nerve centers, perhaps more particularly felt in certain nerves and organs. But in diphtheria, the believers of the *parasite* theory think that if certain chemical substances are thrown into the nostrils and throat, like Sulph. Ferri, Clor. Potash, etc., the lives of these parasites are destroyed and the disease arrested.

Our experience does not coincide with this theory. We find the first symptoms, before often there is any appearance of trouble about the nose and throat, are those of violent fever, severe nervous derangement, and the most marked symptom of blood-poisoning. Later on, we get the throat and nasal trouble; but it seems to us the exudation of lymph and breaking down of tissue we thus get on these exposed mucous surfaces, and so far from proving the disease commences as a mere local trouble, are simply the result of a disease which has pervaded the whole system before we were aware of its approach. It is true, local applications should be made to relieve local conditions; but the disease should be treated with general remedies which support the system, control the nervous and arterial circulation, and keep active the great excretory organs through which the poison is eliminated from the system. If the poison is so subtle as to defy analysis, yet, as we know certain atmospheric and local conditions produce it, we should be especially careful that the system should be supported in every way possible against its depressing influences, and local influences carefully removed by drainage and disinfectants.

SURGERY.

We have just received at the Brooklyn Hospital the new Fracture Bed invented by E. J. Morgan, M. D., of Ithaca, N. Y. We regard it as one of the most valuable inventions of the age. It so perfectly meets all the indications in the treatment of fractures of the lower extremities as to recommend itself to every intelligent surgeon.

For fractures of the thigh near the *hip-joint*, particularly in the aged and infirm, when fail-

ing strength prevents the possibility of maintaining extension by means of the long splints and perineal bands, it must prove of incalculable advantage.

No previous appliance has been able to meet so perfectly that class of cases.

One obvious reason why a union of the neck of the thigh-bone cannot be effected during advanced life is found, among others, in the fact that upon an ordinary bed it is impossible to attend to the "wants of nature" without daily disturbing the fracture.

* * * * It meets the same general indications in the treatment of acute inflammation of the hip-joint.

Several cases, both of that disease and fractures of the neck of the thigh-bone, have been cured already on this bed, which in future will be reported in detail.

A provision has been made also for fractures at or below the lower half of the femur, by a double incline-plane, while extension is effected by separating the double-leg plane by means of a thumbscrew.

For fractures of the leg the limb is elevated on a plane, on a line above the axis of the body, and secured to the foot-piece. For severe contusions, lacerations, compound and comminuted fractures, every possible provision has been made. This bed places in the hands of the surgeon a positive and certain means of treating every description of fracture of the lower extremities. In fact, we believe this to be one of the greatest improvements in modern surgery, and we confidently expect that it will soon be accepted by the profession generally as THE Fracture Bed.

(See *Helmuth's Surgery*, page 695.)

DR. LYON PLAYFAIR, at the recent meeting of the British Social Science Association, quoted Michelet's statement, that for 1,000 years no one in Europe used the bath, and urged it was no wonder that the epidemics of the Middle Ages cut off one-fourth of the population—no wonder that there were a spotted plague, black death, dancing mania, mewing mania, biting mania, and other terrible epidemics.

Journalistic Gleanings.

Dr. BREMER, of Zurich, has described an affection which he calls "*Pernicious Anæmia*," which differs from ordinary simple anæmia in a marked manner, and seems to be a disease *sui generis*. In five years he has met with fifteen patients, varying from eighteen to fifty-two years; the majority being women. The disease frequently follows chronic diarrhœa, and child-bearing seemed especially to predispose to it. Those affected became extremely pale, and the skin of their hands, feet, and face acquired a swollen look. They became weak, had fits of giddiness, and palpitation of the heart. The appetite failed, and there was a feeling of pressure on the epigastrium. Transient diarrhœa often occurred, and there were attacks of feverishness without its assuming any particular type. Anæmic murmurs were sometimes present of such intensity that organic disease of the heart was suspected, but none was ever found after death. With all these symptoms of failing health, it is a very remarkable fact that no actual diminution of the fat covering of the body could be made out. As the disease progressed ecchymosis appeared on the retina, even though vision remained intact. Sometimes there were small petechiæ under the skin, and less frequently hæmorrhage took place from the nose and kidneys. Transient paralysis was probably due to small hæmorrhages into the brain substance. Towards the end of life, dropsy sometimes set in, and delirium also occurred. The cause of the disease was always chronic, and the termination always fatal. The necropsy always showed a partial fatty degeneration of the papillary muscles of the heart, and of the small blood-vessels of various organs.

The New York Journal of Medicine has an extended article by Dr. Sands on *Esmarch's bloodless method*. A detailed account was given in a second number of the UNION by Dr. Miner, with several clinical cases. Dr. Sands contributes nothing new to the subject, except a carefully prepared record, gathered from various surgeons and hospitals in the city, of one hundred and forty-three cases. This record shows that in primary amputations the percentage of deaths is less than by the old method. No serious results ensued from the forcing back of blood into the vessels of the trunk, although the quantity thus added, as it

was, to the circulation, must, in cases of amputation of the thigh, have been considerable. The bloodless method has been found serviceable in operations for the extraction of foreign bodies from the hands and feet, for reasons which can be readily understood. Dr. Wood has applied the elastic bandage in cases of elephantiasis of the thigh with satisfactory results.

The Archives of Electrology and Neurology has in its last number an interesting article, by Dr. L. Duncan Buckley, on the "Relations of the Nervous System and Skin Diseases," which he discusses with learning, supported by large experience. He rests his argument for the neuro-pathology of many skin diseases on the close connection between nerve influence and nutritive changes of the skin, which he considers abundantly proved by pathological observations. While *nerve section* or *nerve abnegation* is incapable of exciting these disorders, *nerve irritation* is abundantly able to do so. It is nerve irritation which is excited by the deposits of leprosy, or by the circulation of the effete products of gout, rheumatism, scrofula, etc., or the ill-assimilated elements in dyspepsia, constipation, oxaluria, and other diseases.

The treatment most successful in a great variety of skin diseases, he thinks, gives important proof of the correctness of his theory, as among the best remedies he finds iron, quinine, strychnine, arsenic, and electricity, while alkalies, acids, vegetable and mineral products, by altering or removing elements which cause nerve irritation, permit normal innervation to return and continue.

In the same journal Dr. Lents has an interesting article on the treatment of vomiting by electricity. He brings forward several cases, both in his own and from hospital practice, where, in various forms of disease, obstinate cases of vomiting, which have resisted all other treatment until the patients were sinking from exhaustion, have yielded promptly to electricity. The subject is certainly worthy of careful consideration.

The Popular Science Monthly contains a logical and somewhat learned article by Dr. Frances Emily White on "Woman's Place in Nature." In concluding the article, she thinks that change underlies the very idea of evolution, and as it has been and is now, so it ever shall be that the sphere of woman will be determined by the kind and degree of development to which she shall attain. Like man, she need know no other limitation; but when we look around upon the industries of life, mining, engineering, manufacturing, commerce, and the rest, and consider how little direct agency woman has had in bringing them to the present stage of progress, we are compelled to believe that we must not look towards direct competition with man for the best unfolding of her powers, but rather, while continuing to supplement him, as he does her, in the varied interests of their common life, that her future progress, as in the past, will consist mainly in the development of a higher character of womanhood, through the selection and consequent intention of those traits peculiar to her own sex. G.

New Researches on Diabetes.

We learn that Dr. Pavy has obtained some experimental results which are likely to throw a new light on the subject of diabetes. He has found that the injection of defibrinated arterial blood into the portal system occasions a saccharine state of the urine. In one experiment, the urine after the operation contained fifteen grains of sugar to the fluid ounce, and in others the quantity has amounted to nearly the same. In the counterpart experiment of injecting defibrinated venous blood into the portal system, the urine showed no signs of the presence of sugar. It thus appears that oxygenated blood passing to the liver causes an escape of sugar from the organ, and thence an accumulation in the system and discharge with the urine. It also appears that through the medium of the respiration of oxygen he has succeeded in inducing a sufficiently oxygenated state of the blood to similarly give rise to the production of saccharine urine. He has further found, that through the agency of the inhalation of puff-ball smoke, an immediate and strongly diabetic state may be induced, and that the effect is accompanied with such a modification of the circulation that the blood flows through the vessels, as is the case after section of the sympathetic, without becoming properly de-arterialized. His experiments, he considers, suggest that, in diabetes of the human subject, the blood, in consequence of vaso-muscular paralysis, is allowed to reach the portal vein in an imperfectly de-arterialized condition, and thus determines the escape of sugar from the liver.

We understand his results are to be brought forward at the Royal Society as soon as its meetings commence.

Transactions of Societies.

MASSACHUSETTS MEDICAL SOCIETY.

Dr. Clapp, of Boston, was recently brought up before this society, charged with various medical faults, the gist of which was that he practiced homœopathy. We extract from his defense the following pertinent remarks:

"At the time I joined the Massachusetts Medical Society I had just begun to investigate homœopathy. In so doing I was virtually only acting out the instructions I had previously received at the Harvard Medical School. At the Commencement exercises, or on other occasions, we were told that the knowledge we were gaining in a few years had been accumulated by the patient and indefatigable labor of zealous searchers after truth for a great many years, and that in return for what had thus been handed down to us we were in duty bound to try to discover new facts for the benefit of posterity. Medical science, it was said, is at present far from being perfect. All nature is waiting to be questioned. We must search in every corner of the earth; we must strive after knowledge from every source, high or low; we must prove that which is good and then hold fast to it until we find something better. This seemed to me liberal and very sound advice, and I determined to act on it. I noticed that certain physicians, among whom were men as honest and intelligent as can be found anywhere, claimed to know of a method of treating disease far more successful and more satisfactory, in the great majority of cases, than the methods taught in the school from which I had graduated. This system had then been practiced in Boston about thirty years, and in that time had not only gained the confidence of a very large and respectable portion of the community, but also had exerted a very powerful influence on the old-school treatment, according to the published testimony of men in very high places in the old school itself. Can it, indeed, be possible for any rational mind to wonder that I should desire to investigate a system which made such claims, when the best men in the school where I had been educated acknowledged and lamented the great deficiencies in medical science? Is it consistent with the boasted liberality of the society to prevent a man from simply studying into—*investigating* any subject? Or does the society say: 'You may investigate this or that subject, if you will do so only to be able the better to denounce it, and if you will promise not to be convinced of its truth?' I do not like to entertain such an idea for a moment. This would be a most sure way to stop all progress in science, which I hope the Massachusetts Medical Society does not really intend to do. At the time I joined the Massachusetts Medical Society I was simply *investigating* the subject of homœopathy under the direction of a man who then honored this society with his membership, and had so honored it for many years, the venerable Dr. Samuel Gregg, the pioneer of homœopathy in New England; knowing that under his tuition I could learn more of the subject in a few months than in years of unaided study. I had no business connection with him at the time. I exposed to view in no place any sign or door-plate intimating that I was ready to receive patients, nor did I pledge myself ever to practice homœopathy at all. In fact, at that time I knew almost as little of it as the majority of members of the Massachusetts Medical Society do to-day. If the result of my investigations had been unfavorable, I should willingly have thrown homœopathy overboard. After some months of patient application, I became thoroughly convinced by stubborn facts that there was some truth in homœopathic therapeutics, and I *then* became associated with Dr. Gregg in practice, and I can truly testify that every year of practice since then has only strengthened my faith in the system.

"As to specifications II. and III., I deny that the Massachusetts Homœopathic Medical Society is founded on an exclusive system or pretends to dictate to its members how they shall practice. In proof whereof I quote its second by-law:

"'This society demands for itself absolute liberty in science, and hence requires of its applicants for membership no creed or confession of medical belief, but only the expression of a willingness to act for the furtherance of its declared objects.'

"The members of this society are bound by no pledge to practice medicine according to any exclusive theory. The whole domain of science is open to them. Each and every one

of them would indignantly resent the imputation that they are debarred from resorting to any measures which the discoveries of science have shown to be efficacious in the alleviation or cure of disease. There is nothing in the rules of the society which prevents their giving emetics, cathartics, or nauseating drugs of *any* kind by the quart, if they so desire. They have no by-law of the society, they have nothing but their common sense and their natural aversion to the infliction of torture to prevent them even from cauterizing the spines of those who intrust their lives to their care with fire, as Brown-Sequard treated Charles Sumner, causing him, as he confessed at the Lowell Institute last March, with tears in his eyes, 'that terrible suffering, the greatest that I have ever inflicted upon any being, man or animal.'

"Practically they have found by experience that in the great majority of cases homœopathic remedies are so much superior, that they comparatively seldom have occasion to resort to anything else; but they take no oath never to give anything else, and claim the right to do so, if in any special case they consider it necessary.

"If the Massachusetts Medical Society had allowed and encouraged the free discussion of homœopathy in its meetings, the Homœopathic Society would never have been formed. Therefore, if either society is exclusive it must be the Massachusetts Medical Society, since it excludes one of the most important branches of medical science. I need not undertake to show how important this system of homœopathy is which it excludes, nor of what inestimable value to the world it has been in the short time that it has been practiced. I might almost as well undertake to prove, in this age of the world, the value of steam or electricity.

"To denounce the practice of homœopathy as 'dishonorable conduct' is not only an insult to the large class of homœopathic physicians, fully equal in education, ability, and position in society to the Fellows of the Massachusetts Medical Society, and to their intelligent patrons, among whom are the most refined and cultivated people, distinguished in the higher walks of literature, art, science, law, and theology, but is also an indication of the grossest ignorance of the entire subject in those who denounce it.

"I cheerfully admit that after I had been a Fellow of the Massachusetts Medical Society for about seven months, I joined the Massachusetts Homœopathic Medical Society (in proof whereof I here submit an official written certificate from the secretary of the date of my admission), and admit that I still continue to be a member of that society; but how this could possibly be construed to be 'in violation of solemn and voluntary pledges given' to anybody would puzzle a Philadelphia lawyer to determine. I certainly never gave any pledge not to join the Homœopathic Society.

"I claim that if I do wrong in practicing homœopathy, almost every intelligent member of the Massachusetts Medical Society commits the same wrong, whether he is willing to allow it or not. Arsenic and sulphur in skin diseases, cantharides and turpentine in urinary troubles, aconite in fevers, corrosive sublimate in dysentery, digitalis in heart affections, ipecacuanha in vomiting, nux vomica in gastric derangement, secale for uterine pains—the list might be considerably extended—act homœopathically, even when given by allopathic prescribers. The difference in the crime is only one of degree. They resort to homœopathy in a minority of cases; I resort to homœopathy in a majority of cases. It is homœopathy all the same, even if they pretend to call it by some other name. Morally it is just as much of a crime to steal ten dollars as it is to steal one hundred, and it makes it none the less if you do pretend to *borrow* the smaller sum."

STATEMENT OF THE CONDITION AND PROGRESS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK FOR 1874.

BY ALFRED K. HILLS, M. D., SECRETARY.

THERE have been held during the present year ten regular and three special meetings.

The smallest attendance at any meeting was twenty-one, the largest thirty-eight, against twenty-two for 1873, thirteen for 1872, nineteen for 1871, seventeen for 1870, and twelve for 1869.

The number of papers presented during the year was thirty-one, together with numerous pathological specimens and clinical cases. The smallest number of papers presented any one evening was one; the largest, five.

The number of members of bureaus responding with a report, twenty-four, and the number that did not report, ten.

The thanks of the Society are due to Prof. Raue, of Philadelphia, and Dr. Murphy, of New Orleans, for the papers sent by them during the year.

The character of the papers presented, and the interest manifested in their delivery and discussion, have been eminently satisfactory.

I may safely say, I think, that the papers have been more scholarly prepared, the subjects more completely exhausted, than during any previous year in the existence of the Society.

It is most desirable that members of bureaus should take sufficient interest in the meetings to offer at least once each year, for the consideration and enlightenment of their colleagues, the result of their experience and investigations in the form of a studied essay. Each member should take especial pride, also, in obtaining papers from others not members of our Society, and then we shall never be without interesting material for consideration.

Our experience in the past year has indicated the importance of discussing each paper immediately upon its being read. As the titles of papers are announced several days before the meeting, there is no excuse for want of knowledge of subjects to be considered, and those interested may prepare for discussion, if they desire.

If more papers are presented than can be disposed of in one evening, an adjourned meeting may be held, or the remaining papers may be published at the option of the respective bureau to which they belong.

The failure of members of bureaus to report is very embarrassing to those responsible for our entertainment here. If our meetings prove uninteresting to those present, where lies the fault?

The number of bureaus should be increased in order to cover important subjects, such as Psychology, Electricity, Microscopy, and perhaps Histology, Toxicology, and Dermatology. The number of members of bureaus may also be increased to advantage.

One meeting a year is entirely inadequate for consideration of the leading subjects, such as Surgery, Materia Medica, etc., and some arrangement should be made whereby we could have at least three meetings for each of these departments. There should also be a special bureau for the proving of drugs. The January meeting, with no special subject for consideration, is comparatively useless; and I would suggest that the first report of the year, viz., Materia Medica, be appointed for that date, instead of a month later.

I would also suggest that the Society appoint one of its members familiar with foreign as well as American literature as *reporter of current events* at each meeting.

The value of such gleanings must be evident to all, and will enhance the importance of our proceedings in a marked degree.

The Society now numbers one hundred and thirty-one members, of which forty have been added during the past year, against nineteen the previous year. No deaths have been reported.

The anniversary of the birth of Hahnemann was celebrated this year with a banquet at the St. Cloud Hotel, and was a most enjoyable and successful entertainment, as many of you are personally aware. Owing chiefly to a resolution of the Society, the treasury has been considerably augmented the past year by the collection of dues from delinquent members, and the statement of the treasury department is encouragingly satisfactory. A nucleus for a library has been established, a book-case obtained, and now we may confidently hope that, at no far-distant day, the Society will be in possession of a collection of books, etc., that will be both useful and ornamental, and of great service to those who come after us.

The ex-Board have omitted the publication of the Constitution and By-laws for the reason of contemplated changes under consideration, which, if made, would involve another issue. It is desirable that copies be made as soon as possible, and I have no doubt the new Board will see that it is soon accomplished.

The duties of the Board of Censors under the new law have become quite arduous and important. The Board should be constituted not only of our best and most representative men, but also of those who will take sufficient interest in the matter to attend the meetings of the ex-Board, and look carefully after the many details that now devolve upon them. The examination of candidates under the new law as at present constituted, not only increases the duties of the Board of Censors, but also adds greatly to the importance and character of their work. Already several examinations have been made, but only two candidates have thus far satisfied the Board of their ability to practice as physicians, and the license of the

Society has been granted in those two cases only. The new Board will find much to do in order to thoroughly carry out our duty as a Society in respect to the law, and, I am sorry to say, will undoubtedly be obliged to report for prosecution many practitioners who are so unfortunate as to be practicing in violation of law. The duties of the ex-Board in respect to many of those practicing without a diploma have been considerably lessened owing to the leniency of the Eclectic Board of Censors in granting certificates.

I regret to say that our Board are of the opinion that the Eclectics have granted licenses to homœopathists utterly incapable of practicing as such, and to candidates that could not possibly have passed us.

We, as homœopathists, are obliged to share the opprobrium of these incompetents, under the authority of certificates the responsibility of which does not belong to our school. The law should be changed, so that each school will be responsible for its own practitioners; and to that end I would suggest that a resolution be passed by this and other county societies, and offered for consideration of the Legislature.

A cordial good feeling has existed between the members, and everything connected with the Society has passed most harmoniously.

Let us continue to work together in unity, and the result will satisfy our most sanguine expectations. "*In union there is strength,*" and that is what we are in need of, in order to hold our own in the arena with our powerful antagonists.

Reviews of Books.

A History of the Conflict between "Religion and Science." By J. W. Draper, M.D., LL.D.

The word philosopher still exists in our language, and may, perhaps, be appropriately applied to designate the character of many who now rest in their graves; but the thinking men—profoundly versed in knowledge—such are rare indeed! We have certainly those full of learning in a single direction—crystalline, perhaps, but not polyhedral—while the brains of most resemble more a garret filled with all kinds of ill-assorted, undusted valuables, rather than an arranged, methodical, and useful museum.

Dr. Draper, more than any living man, seems to deserve the title of a philosopher. He not only collects, but he analyzes; he not only numbers, but he classifies; he not only records, but he originates. He is no plausible theorist or dreamy speculator; he walks into no ditch while gazing into the mysteries of heaven, but, collecting well-ripened facts with studious care, and isolating them from all exterior influences, he distils therefrom the essential truth they contain; and these isolated facts thus carefully collated and percolated by his own diffusive spirit, become an integral truth, an attar priceless, and a glorious gift to humanity.

Perhaps Dr. Draper's claim to this lofty title might have been sustained by reference to his previous labors, his original researches in the fields of practical science, in his analyzations of contemporaneous facts, his discoveries of laws and processes of nature, led thereto by deductive reason, and in no way the result of accident. But to-day he has established a higher claim by superadding his last work, now before us, called "A History of the Conflict between Religion and Science."

Archimedes' boast, that "give him but a place for his fulcrum and he would move the world," is surpassed by Dr. Draper, who has seized the motor principle which has guided the world for two thousand and more years, dissected it out from all its unimportant surroundings and attachments, and laid it bare for our inspection—a sight which, it is not too much to say, will eventually thrill all Christendom more effectually than if Archimedes' boast had been accomplished. Church and State must bend before it, as did arrogance and power of yore before the fiery writing upon the wall of Belshazzar's palace.

Nor is this the hyperbole which it, at first thought, might seem to be. It is, indeed, but the logical proving, by irrefragable evidence, of what has been claimed by various modern thinkers. The conflict of science and religion has for quite a period been a stereotyped phrase to designate the tendency of modern inquiry, but this title has been but "surface indication" of the wells of thought below.

We will not attempt any analysis of the work. In fact, it should not be analyzed with any idea to do more than designate its general line of thought; for it is written in a curt, sententious, pithy style, with no attempt at anything but the boldest statement of fact. But while the writer has thus clipped the wings of

his imagination and confined himself to the simple statement of the actual facts and the logical deductions therefrom, he has not been able to write except in a beautiful, if terse, style, and indicating the mastery over the English tongue which he has ever shown.

What Humboldt's *Cosmos* is to the world of science, Dr. Draper's work is to the world of thought. A. K. G.

Essentials of the Principle and Practice of Medicine. A Handbook for Students and Practitioners. By Henry Hartshorne, A. M., M. D. Philadelphia, Henry C. Lea.

We do not know of any book which contains so much valuable information condensed in so small a space. It is a library in itself, an "*index rerum*" to an immense range of scientific subjects. Its descriptions of the new discoveries and improvements in our art are, of course, concise, but as clear as the necessary brevity will allow. In every department except in therapeutics it is fully up to the times.

Obituary.

Albert Wright, M. D., died suddenly at his residence in Brooklyn, December 19th, aged 70 years. Dr. Wright was for many years one of the leading homœopathic practitioners in Brooklyn, but had within the past two years, in a measure, retired from active practice.

Dr. Eleazer Parmly died at his residence in West Thirty-eighth street, Dec. 13th, aged 77 years. Dr. Parmly, at the time of his death, was the oldest dentist in New York. Most of our readers will remember the office of the brothers Parmly on the corner of Bond street and Broadway. The building was very large, and built in the form of a double tooth. The architecture has since been changed to meet the exigencies of business.

Dr. C. C. Scheferdecker, a hydropathist of much note, died in this city during the past month, from disease of the lungs, induced by a sword-thrust in student days.

Pleuritic Effusion. — Dr. Ward says, when the chest is full of water, by having an assistant percuss in the second or third intercostal space, while you place your fingers in the seventh, the feeling of fluctuation is distinctly given.

Condensed News Items.

Prof. Austin Flint, Jr., has been appointed Surgeon-General of the State of New York on the staff of Gov. Tilden.

The Medical Colleges of the United States graduated in the year 1874 three thousand students.

The London *Lancet* nets an annual income of nearly twenty-five thousand dollars. Is there a medical journal in America which more than pays expenses?

Through the generosity of Mr. Jarvis, of this city, a Territorial School of Mines has recently been established at Golden, Colorado.

The French Government offer a prize of $60,000 for the discovery of an effectual means of destroying the vine scourge *phylloxera*.

The Medical Board of Bellevue Hospital has established a special department for the treatment of diseases of children. It is to be under the charge of Dr. A. Jacobi.

At the annual meeting of the State Woman's Hospital, Dr. T. Marion Sims resigned his position as one of the attending surgeons, but has since been reinstated.

Prof. Billroth performed the operation for the extirpation of the larynx, for the second time, on Nov. 11th, at the General Hospital, in Vienna. In this, as in the previous case, the patient died in a short time. A brilliant operation, no doubt, but *cui bono?*

N. Y. Hospital Library. — The Library now located at No. 8 West 16th street is open to the profession without charge, for consultation and reference, from 10 to 12 M.; 1½ to 5 P. M.; 7½ to 10 P. M. It contains nearly 10,000 volumes of the best works on medical literature, and numerous medical journals.

Dr. Peaslee finds that the aqueous extract of belladonna, in proportion of a drachm of the extract to an ounce of water or glycerine, always arrests the secretion of milk if the breasts are kept constantly wet with it, commencing before any signs of tumefaction have appeared. This remedy our school has long used with great success. Dr. Sele finds this treatment occasionally fails, when he cuts off the supply of fluids, and gives a few doses of Iodide of Potash.

Publisher's Department.

S. J. Albright, Publisher.

Office, 18 West 23d Street, New York.

A NOBLE CHARITY AND A PRAISEWORTHY UNDERTAKING.

A large number of prominent ladies in this city have, for some weeks, been actively engaged in preparation for a monster Fair, to be held in the Twenty-second Regiment Armory, on Fourteenth street, commencing on the 10th of April next, and to continue for two weeks. Two Associations have interested themselves in its success, viz., the Homœopathic Surgical Hospital, and the Ladies' Association in aid of a Hospital for Women and Children; and between them the proceeds of the Fair will be equally divided. The annexed list comprises the names of the Executive Committee representing the charities named, to either of whom contributions of money, articles for the tables, or offers of time for the manufacture of material to be furnished by the Committee, may be forwarded:

Mr. Henry G. Stebbins, *Chairman.*

Mrs. E. B. Phelps,	Mrs. C. P. Crosby,
" W. H. Neilson,	" E. H. Chapin,
" T. F. McDowell,	" Jno. McGinnis,
" W. T. Helmuth,	" Algernon S. Sullivan,
" A. B. Darling,	
" E. G. Bartlett,	" Alfred Mackay,
" I. A. Jameson,	" Spencer W. Coe,
" J. W. Dowling,	" Lott W. Clark,
" Parke Godwin,	" O. K. Palmer,
" Egbert Guernsey,	" Frank Macy,
" Chas. Watrous,	Mr. John Bigelow,
" C. S. Groot,	" Chas. Watrous,
" W. S. Hancock,	" O. H. Palmer,
" S. H. Wales,	" Frank Macy,
" E. P. Fowler,	" Ogden Hegeman.

The Committee appeal fervently and confidently to the proverbial generosity of our citizens for unstinted assistance in their efforts to ameliorate the condition of the sick and helpless women and children in our midst. Abject poverty is lamentable in its least unfortunate guise, even when taken in connection with health and manhood; but when want and illness combine their attack, and their victim a helpless woman, how much more direct is the appeal to sympathy. Then, if ever, a gift is

> "Twice blessed,
> It blesseth him that gives and him that takes,"

and assumes the form at once of a noble charity and a sacred duty. We are not alone doing a present mercy to the unfortunate, but providing against a possible contingency, in which the nearest and dearest to ourselves may, in the uncertain book of fate, be written down as beneficiaries.

We trust the most sanguine expectations of the ladies as to the result of their praiseworthy endeavors, may be realized in fact, and that a Woman's and Children's Hospital may speedily rise and remain an enduring monument to the honor of its projectors and founders.

The Fair in April next, to aid the Homœopathic Surgical Hospital and the Hospital for Women and Children, promises to be the finest affair of the kind which New York has witnessed for years. The projectors hope to realize at least $100,000—and so they should.

J. G. Wenck, the noted perfumer (and reliable druggist), has recently been perfuming Booth's Theatre by means of a fountain of cologne in the lobby. Wenck never does anything by halves.

The weather has been spoiled by flattery. It is now as unreliable and changeable as a petted child's whims—and just about as disagreeable.

Some of our subscribers are still in arrears for their subscriptions for 1874. *Will* they kindly attend to this matter without further urging?

Milk.—Dr. Jacobi, after numerous experiments on the milk obtained in cities, came to the conclusion that there is much less adulteration than is commonly supposed. He has frequently tested for starch, lime, gum-arabic, and other substances, without finding them. Dilution with water is perhaps common, but he is of opinion that what is called "swill-fed" milk, though more dangerous than some forms of adulterated milk, is not so hazardous a food as it has been represented. He believes that the large numbers of deaths attributed to swill-milk before, during, and after the swill-milk agitation, years ago, are to be sought for elsewhere.

NB 736